



GAME ON.

1162 Fremont Ct. ~ Elkhart, IN 46516 ~ 574-294-5050 ~ elkhartsportscenter.com

ESC Team Entry Form

Team Name: _____ Person responsible for fee: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please circle one: Boys Girls Adult Adult Co-ed

Please circle grade or age division:

3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade

Please circle division preferred:

All Star/"A" division (Top division) School/"B" division (second division)

Deposit received and amount: _____

Outstanding Payment form:

Cash _____ Check _____ Credit Card _____

Visa _____ Mastercard _____ Discover _____

CC# _____ Exp: _____ Zip code associated card: _____

Name as it appears on card _____ CV2# _____

I, _____ hereby give "ESC" authorization to charge the following items and amounts

Make checks payable to: Elkhart Sports Center

Send to: Elkhart Sports Center
 1162 Fremont Ct.
 Elkhart, IN 46516