

MUSA™ Milwaukee Spring 2010

Kickball Team Enrollment Form

Season begins week of March 29th! DEADLINE FOR REGISTRATION IS March 5th

Team Name _____ Captain _____

Captain's address _____ City _____ Zip _____

Primary Phone # (_____) _____ - _____ Home - Work - Cell (Please circle one)

Cell Service Provider _____ (primary phone number must be a cell number for text notifications)*optional

Email address _____

Please Choose One (See www.musakickball.com for more details on the different kinds of divisions)

MUSA Gold* or Standard Divisions (GL Tourney Eligible)

MUSA Remedial Division (Just Playin' for Fun)

* players in the Gold divisions are only allowed to play on 1 Gold division team/night

Desired Evening and Location

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Burnham	<input type="checkbox"/> Rogers	<input type="checkbox"/> Central*	<input type="checkbox"/> Central*	<input type="checkbox"/> Central*
			<input type="checkbox"/> Pulaski	<input type="checkbox"/> Pulaski
			<input type="checkbox"/> Brinton/Emigh	<input type="checkbox"/> Brinton
				<input type="checkbox"/> New Berlin

*For a complete list of fields being used for the Central location, go to www.musakickball.com.

Season costs for Teams (please fill out and mail your shirt order form with this registration form)

\$450 (covers up to 15 players and includes basic-T cost with standard logo and 1 ink color)	=	_____
\$30 (additional players over 15 & includes shirt)	X _____	= _____
\$325 (teams that don't need shirts covering 15 players)	=	_____
\$25 (additional players over 15 & doesn't include shirt)	X _____	= _____
\$15 (additional shirts)	X _____	= _____

Special Shirt costs

Customized logo cost:	\$20.00 (set-up cost)	=	_____
Special Shirt Cost: (Ringer T, Long Sleeve, Raglan, Girly T)	# _____ X (extra cost) _____	=	_____
Extra Ink Color charge (\$1 per shirt per color)	# _____	=	_____
Total Payment Due			= _____

Payment options: (please print clearly and legibly)

Check(s) (please make all checks payable to): **MUSA LLC**

Credit Card:  or  **only**

_____ Expiration ____ / ____

3 digit verification code # ____ ____ ____ (3 digit numbers on back of card)

If credit card billing address is different than the captain's please fill out below

Address _____ **City** _____ **Zip** _____

Four easy ways to get your registration form in:

Mail/Drop off registration form to: **MUSA – Milwaukee**
4918 W. Vliet St
Milwaukee, WI 53208

Fax registration form to: **(414) 454-0447**

Scan and email to: dan@kickoplex.com

For further information or questions e-mail or call, MUSA at:
dan@kickoplex.com or (414) 617-2009