

Ultimate Frisbee League Registration

Please Mail to: CT Sports Center, 21 South Bradley Road, Woodbridge, CT 06525 (or register over phone)

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____ D.O.B. _____

Amt. Enclosed: _____ E-mail: _____

Please Circle: TEAM INDIVIDUAL Team Name: _____

Check Information

Please make checks payable to CSC:
A \$20 fee will be charged for all returned checks,

Check # _____ Amt Enc _____

Credit Card Payment

Visa__ M/C__ Name on Card _____

CC# _____ Exp _____

Sec Code _____ Signature _____