



MARLBORO TOWNSHIP AMERICAN YOUTH FOOTBALL
 P.O. BOX 134
 MARLBORO, NEW JERSEY 07746
 WWW.MTAYF.com
 Contact: Nick Scaff- Football- ronick04@optonline.net
 Elana Goldberg- Cheer - ejg828@gmail.com

DATE: _____

Requested Activity: (circle)

Cheer	Football
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*Requested Division: (circle)

Flag	MM7	MM	CADET	JPW	PW	JR/MIDG	8 th Unlimited
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** Participant shall be assigned based on age, weight, Jersey Shore AYF rules and best interest of child and program*

PLAYER INFORMATION: (please print)

First Name: _____	Last Name: _____
Player DOB (MM/DD/YY): _____	Gender: Boy <input type="checkbox"/>
Players age as of 7/31/15: _____	Girl <input type="checkbox"/>
Weight: _____	

PARENT / GUARDIAN INFORMATION: (please print)

First Name: _____	Last Name: _____
Address: _____	
City/State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____
E-mail: _____	

REFUND POLICY:

Registration Refund requests for the full amount must be made in writing no later than July 31st. All refund request after August 1st will be subject to review by the Executive Board.

Parent / Guardian Signature:

Date:

FOR OFFICIAL MTAYF USE ONLY:

	<u>FEE (1 CHILD):</u>	<u>EACH ADD'L CHILD:</u>	<u># CHILDREN:</u>	<u>TOTAL:</u>
Registration (Flag Boy of Girl)	\$150	\$125	_____	_____
Registration - 1 Child (Tackle/Cheer)	\$350	\$300	_____	_____
TOTALS:			_____	_____

CC Approval # :	Check # :	Cash :	Total Amount :	Verified by Trustee Name:
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MAKE CHECK PAYABLE TO: MARLBORO TOWNSHIP AYF