



# LIHOOPS REGISTRATION FORM

Please print and fax to: 631-239-6037  
or mail with Payment to:  
MHL, PO Box 723, East Northport, NY 11731-1204

*Registration must include payment*

## REGISTRATION INFORMATION

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Divisions:  Elite-A  B  A  B-2  Sunday Division  
 High School  Women's Open Gym (6 sessions)

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## PAYMENT INFORMATION

**ADULT: TEAM FEE--\$800, FREE AGENT FEE--\$120**

**HIGH SCHOOL: TEAM FEE--\$700, FREE AGENT FEE--\$100**

**WOMEN'S OPEN GYM: FREE AGENT FEE: \$70**

Method of Payment:  Check  Money order  Credit card  
 Visa  Master Card  Amex

Name \_\_\_\_\_ Exp date \_\_\_\_\_

Name On Card \_\_\_\_\_ Amount \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Signature \_\_\_\_\_