

Goose's Gamers 2010 12U Fall Workouts

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

DOB: _____ Age: _____

Mother's Name: _____

Father's Name: _____

- Option # 1 - \$450 – Full Time – 20 Dates
- Option # 2 - \$300 - Half Time – 10 Dates
- Option # 3 - \$50 – 2 day Weekend Fee

Please select one option above and mail this form along with a check to the following address

Please make checks payable to Goose's Gamers.

Mail To: Goose's Gamers

350 High Hill Road

Wallingford, CT 06492

Goose's Gamers
350 High Hill Road
Wallingford, CT 06492
(203)774-4919

www.mountainridgeevents.com