



General League Registration

League: _____ Season: _____

Preferred Division (if applicable) Red (upper) _____ Blue (lower) _____

Team Name: _____

Main Contact: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Contact: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Club President/Athletic Director: _____ Email: _____ Phone: _____

**A \$200.00 deposit is required with your registration form.
Full payment is due prior to Week 2 of the league schedule.
Teams not paid in full by this date may be removed from the league**

Payment Method: (A \$200 deposit is required with league registration)

Cash: _____

Check: _____

Credit Card: Card #: _____ Expiration Date: _____

Name on Card: _____ CVV Number: _____

Mail registration form to:
Unity Health System Total Sports Experience
880 Elmgrove Rd.
Rochester, NY 14624