

**KIDSPLAY OF WNY – ST. JOSEPH’S COLLEGIATE INSTITUTE
 FALL 2019 NFL FLAG FOOTBALL LEAGUE
 REGISTRATION FORM**

 Parent Last Name Parent First Name

 Address City/Town Zip

 Cell Phone # Email

 Emergency Contact Phone #

 Player Last Name Player First Name

 Date of Birth Jersey Size

List Below the League(s) and Time Slot You Are Requesting.

LEAGUE/AGE GROUP	DAY/TIME	FEE
_____	_____	_____
_____	_____	_____

Total Enclosed: \$ _____

Checks should be made payable to “KidsPlay of WNY LLC”
 Mail completed registration form and full payment to:

KidsPlay of WNY LLC
 31 Delaware Road
 Kenmore, NY 14217

