WESLEY CHAPEL BULLS
Participant Registration Packet
Registration Checklist

Wesley Chapel Bulls
P.O. Box 7557
Wesley Chapel, FL 33544

Tackle ☐ Cheer ☐

Participant Name	Division	Date of Birth	Age(asof 7 /31)	Weight

OUR PROGRAM RELIES HEAVILY ON THE ABILITY TO COMMUNICATE VIA EMAIL. PLEASE PROVIDE YOUR CURRENT EMAIL INFORMATION.

Email Address

Email Address

_____	Hard Card (Registration Card)
_____	Participant Registration Packet (Omit if Registered online)
_____	Physical dated 2012
_____	Copy of Birth Certificate
_____	Copy of Insurance Card
_____	Current Photograph Size 2x2 Head Shot Only
_____	Copy of Driver's License
_____	Copy of Utility Bill
_____	Electronic Map of Home Address
	Signed off by: _____

BULLS USE ONLY

FEES			**PAYMENT METHOD**
Registration	$_____	☐	Cash
	$_____	☐	Check #
		☐	Money Order
		☐	Online
Total Fees	$_____		*Verification Required*
		☐	Alternate
Amount Paid	$_____		
	Signed off by: _____		