

Milwaukee Social Club

SPORT REGISTRATION

Contact Information

Name: _____

Address: _____

City: _____

ZIP: _____

Primary Phone: (____) _____

Alternate Phone: (____) _____

Email: _____

Registration Information

(Please refer to your desired sport's webpage for levels, days, and locations that are currently being offered.)

Registering as a(n): Individual Team (please circle one)

Membership Status: Member Non-Member (please circle one)

Sport: _____

Level: _____

Day (first choice): _____

(second choice): _____

Location (first choice): _____

(second choice): _____

Captain and Team Information

Captain's Name: _____

Primary Phone: (____) _____

Alternate Phone: (____) _____

Email: _____

Please fill out this form completely before submitting it to Milwaukee Social Club by fax or mail.

For your security, please **do not** fill out this form and email it as an attachment.

Fax: (414) 223-4689

Mailing Address: Milwaukee Social Club
270 E. Highland Ave.
Milwaukee, WI. 53202

If you have any questions while filling out this form, please call us at (414) 223-4MSC.

NOTE: All registrations are final. No refunds can be issued after registration has been confirmed by mail or phone.

CONTINUED ON NEXT PAGE

Team Name:

Team Info (name, phone number, and email address for each player is required)

Credit Card Information

Name on Card: _____

Card Type (MC, Visa, etc.): _____

Expiration Date: _____

Amount to Charge: _____