



3 v 3 Live Registration Form

Upon completion please fax to 719-542-0776

OR MAIL TO: S.C.E.C.A.

1620 Fortino Blvd., Pueblo, Colorado 81008

Team Name: _____ Birth date of oldest Player ____/____/____
Team Contact/Coach: _____ EMAIL: _____ Phone #: _____

M/F: _____
CAPTAIN _____
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

PLAYER2
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

PLAYER 3
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

PLAYER 4
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

PLAYER 5
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

PLAYER 6
Name _____
Phone _____ Email _____
SHIRT SIZE _____
Signature-parent/Guardian (if Player is under 18)

COST IS \$150 FOR UP TO 6 PLAYERS. TO PAY BY CREDIT CARD PLEASE

FILL OUT THE INFORMATION BELOW.

WE ACCEPT VISA – MC – AMEX ONLY

NAME ON CARD: _____

CARD NUMBER: _____ - _____ - _____

EXP DATE: _____ CID#(back of card) _____

MAILING ADDRESS _____