Country Mills Eagles Athletic Club Track & Field Registration Form

Please Print Clearly or Type Information

Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Parent Phone:	Sex (M/F): DOB: _	
Athlete Phone:	Emergency Contact:	
Parent E-Mail Address:		
Athlete E-Mail Address:		
Please place a check mark next to t your family you are registering:	he following option depending on	how many children in
Country Mil	ls Eagles Track & Field Progran	1:
First Child \$225 Ea	ach Additional Child in Same Fa	amily \$175
		•
Signature of Athlete:(If over 18)		
Signature of Parent/Guardian:		

All Checks Made Payable to: Country Mills Eagles Athletic Club 5 Southside Drive, Suite 11-200, Clifton Park, NY 12065

cmeagles@nycap.rr.com Phone: (518) 541-2040