



25 Route 31 South • Suite I • Pennington, NJ 08534

**ILL PLAYER REGISTRATION**

Player's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Player E-mail: \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

How did you hear about the ILL?: \_\_\_\_\_

\_\_\_\_\_

Current Team: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Position: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

**PAYMENT INFORMATION**

Registration Fee: **\$250.00** Check #: \_\_\_\_\_

PLEASE SUBMIT FORMS TO: **25 ROUTE 31 SOUTH  
SUITE I  
PENNINGTON, NJ 08534**