



2013 VSRHL Player/Team Entry Form

TEAM NAME: _____

DIVISION: (CIRCLE ONE) ADULT- AA AAA

DOB: _____

FIRST AND LAST NAME: _____

CELL PHONE: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PLAYER FEES

V.S. RESIDENTS: \$120 (+\$30 RHA INSURANCE MEMBERSHIP) = \$150

NON V.S. RESIDENTS: \$138 (+\$30 RHA INSURANCE MEMBERSHIP) = \$168

*****CASH AND CHECK ONLY*****

CHECKS MADE PAYABLE TO: JEFFREY KOTCHER

EMAIL: JEFF.KOTCHER@GMAIL.COM

PHONE: 516-359-9020