



FC BOSTON BOLTS BRAZILIAN UNITED PLAYER REGISTRATION
please print neatly

Player Name _____

Date of Birth (month/day/year) _____

Home Address _____

Town & Zip code _____

Cell Phone _____

Other Phone _____

Mother Name _____

Email Address _____

Father Name _____

Email Address _____

What Grade in School in Fall? _____

Three Choices How to Pay – check one

Pay by Check _____ Pay by Cash _____

Pay by Credit Card _____

Two choices for payment plan – check one

_____ Deposit \$500 followed by 3 more payments October 1, January 1, March 1 (\$500 each)

_____ Pay in Full \$1700

Signature