

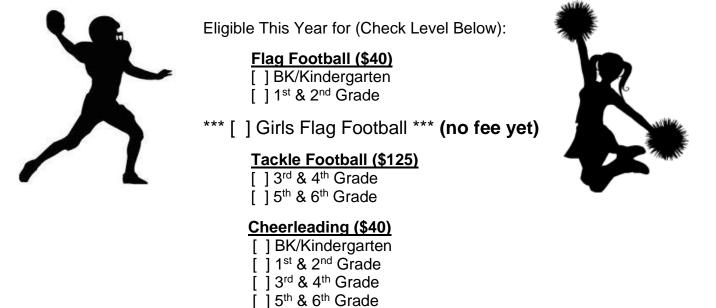


2025 SUSQUEHANNA VALLEY SABERS YOUTH FOOTBALL & CHEERLEADING REGISTRATION FORM

PLAYER NAME: _____

GRADE ____ (as of September): DATE OF BIRTH: __/ / Phone: (____) _____

ADDRESS: _



Does your child have any health or medical problems we should know about? If so, please explain:

PARENT / GUARDIAN SIGNATURE:	Print Name:
PARENT / GUARDIAN EMAIL ADDRESS: _	
I CAN HELP WITH: COACHING	BOOSTER CLUB TEAM PARENT
REGISTRATION FEE ENCLOSED: \$ (see above) CHECK #	
** NO CASH ACCEPTED **	Checks made payable to: Town of Binghamton
(No additional fees after 2 player registrations)	
This form may Town of Bi	ilable at <u>www.townofbinghamton.com</u> y be dropped off or mailed to: nghamton Youth Director 279 Park Ave. ghamton, NY 13903



