



CHICAGO YOUNG AMERICANS

REGISTRATION FORM

Last name: _____

First name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date of birth: _____

Home phone: _____

Cell phone: _____

Parent name: First _____ Last _____

Email: _____

Last year team name and level: _____

Last year coach: _____

Birth year: _____

Position: Forward Defense Goalie

Cost - \$60

Payment information: Visa MasterCard American Express Discover

Credit card number: _____

Expiration: _____

Security code: _____

Pay by check and Mail to:
Russ Naumenko, American Heartland Ice Arena, 7384 Lincoln Ave. Lincolnwood, IL 60712

Email application: info@chicagoyoungamericans.com • Or fax – 847.675.2958