

UPA SANCTIONED EVENT ROSTER (2008)

Welcome to another UPA Sanctioned Event. Please complete the information below.

Event: _____

Team Name: _____

Team's City/State: _____

Team Spokesperson: _____

Spokesperson Email: _____

Chaperones: _____ (Must identify chaperones for teams that have youth players.)

Membership Dues

Current members \$0
 Regular Membership \$40, **expires 12/31/08**
 College Eligible \$30, **expires 12/31/08**
 Youth Eligible \$20, **expires 12/31/08**

One Time Event Player Fees

Youth Event Fee \$5, **expires at conclusion of event**
 Regular Event Fee \$10, **expires at conclusion of event**

Make checks out to the UPA . Include player or team info in the memo of the check. NO CASH

The UPA reserves the right to collect any applicable fees for returned checks.

PLAYER INFORMATION - Page ___ of ___ for your team. Please make sure team name is on all pages.
 Fill out *completely* for each player. Use two lines per player, as in the headings. **Please type or write legibly.**

a.	First Name	Last Name	Street Address	City	Amt Paid Now
b.	SSN * or UPA ID #	Phone	Email	State/Prov/Zip	(See above dues rates)
1a.					\$
b.					
2a.					\$
b.					
3a.					\$
b.					
4a.					\$
b.					
5a.					\$
b.					
6a.					\$
b.					
7a.					\$
b.					
8a.					\$
b.					
9a.					\$
b.					
10a.					\$
b.					
11a.					\$
b.					
12a.					\$
b.					
13a.					\$
b.					
14a.					\$
b.					
15a.					\$
b.					

Checks only, please, payable to UPA. Remember your team name on the check(s).

Total Dues This Page

\$

*The UPA uses social security numbers for identification purposes only. The UPA has a strict policy against giving out social security numbers and is against distributing its membership database. You may use "777-77" to replace the first 5 digits if you would rather not give out your full SSN.