

RYSA Over 30 Coed Registration Form

Name _____

Email Address _____

Primary Phone Number _____

Cell Phone _____

Male _____ Female _____

Date of Birth _____

Special Requests

(Only spouses and family are promised, all other requests will be considered but not guaranteed)

Registration - \$70.00

Registration fee includes a uniform t-shirt

Circle one please

Shirt Size - AS AM AL AXL AXXL

Please make all checks payable to RYSA

Amount Paid _____ Check # _____