



## Registration

Star Hill Family Athletic Center

100 Gerber Dr

Tolland, CT 06084

Print, complete form, include payment and mail

or email as attachment to [bill@starhillsports.com](mailto:bill@starhillsports.com)

(860) 871-8800

[www.starhillsports.com](http://www.starhillsports.com)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Primary Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Indicate Sport: \_\_\_\_\_

Indicate Session \_\_\_\_\_

League

Adult Division: \_\_\_\_\_

Team Representative: \_\_\_\_\_

Team Name: \_\_\_\_\_

Youth Division: \_\_\_\_\_

Team Representative: \_\_\_\_\_

Team Name:

Clinic

Age group

Indicate Sport:

Indicate Session

Payment Method:

Today's Date

CC Type (Visa or MC only):

CC Number:

CC Expiration Date:

CC Security Code  
(on back)

CC Amount

Check Amount

Cash Amount

Name as appears  
on Card

Signature

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Star Hill acknowledges and understands that we are new and will apply or refund funds for activities that do not materialize.

Star Hill will award membership discounts to the team representative of the first team registered for any sport. Details forthcoming.

