

Denver Summer Youth Ultimate League League Registration Form

Registration Due by May 20th, 2009

Name _____ League Fees:
\$45 for UPA Member

Address: _____ \$65 for non-UPA members

Phone: _____ Tuesday nights 7:00pm
June 9th to August 4th

Email: _____

M or F AGE _____ Birth Date _____ (19 or under)

Height: _____

Yrs. Played _____ Rank(1-10): _____ UPA Id# _____

Current School: _____

Team mate Preference (1 only): _____

Ranking Scale:

- 1- Never Played Before, thrown a couple of times
- 2- Played in Gym, OK back hand throw
- 3- Played a little on school's team, seen and tried a forehand throw
- 4-
- 5- Played on school's team, average on your team, OK forehand throws
- 6-
- 7- Played on school's team, above average on your team, good throws
- 8-
- 9- One of the best players on your team, great throws
- 10- You will be one of the best players in the league

Send Registration form and Check to:

David "Buzz" Ellsworth
3227 So. Steele St.
Denver, Colo. 80210

(Checks made Payable to David Ellsworth) Questions
about league? Email lisabuzze@aol.com, or call(303-698-2092)

