



Columbus Day



SKILLS CAMP

MONDAY, OCTOBER 14TH

9:00AM - 1:00PM

Registration Form

Name: _____

Address: _____

Telephone: _____ Cell: _____

Age: _____ School: _____

Email: _____

Cost - \$75

I hereby authorize the Agents of Amoney Sportz to act for me according to their best judgement in any emergency requiring medical attention. I hereby release and discharge Amoney Sportz employees from and against any and all liability or causes of actions arising out of, or in connection with mine, or my child's participation in the program.

PARENTS SIGNATURE: _____ DATE: _____

Venmo @Marc-Adler-5 or Check made to "Amoney Sportz"

MAIL TO: MARC ADLER 7 CANTERBURY COURT, MENDHAM NJ 07945

WWW.AMONEYSPORTZ.COM AMONEY79@AOL.COM 973-476-5210