Refer **5 new athletes** who register and pay dues to earn a **waived team fee** for your child (up to $550 value)

Referring Individual

- Full Name: _____
- Phone Number: _____
- Email Address: _____

Referred Athlete(s)*

- Please list ALL Athlete's Full Name(s) & Parent/Guardian Name:

*Please make sure all referred families list your name on their registration form.

Internal Use Only

- [ ] Athlete Registered
- [ ] Payment Confirmed
- [ ] Counted Toward Referral Incentive

- Notes: _____