



“My Kid Bull” Program Registration Form”

JUNIOR’S NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

DAYTIME PHONE # _____

EMAIL ADDRESS _____

PARENT’S NAMES _____

JUNIOR’S AGE _____

Previous Instruction? **YES** **NO**

Has own clubs? **YES** **NO**

Payment Method:

_____ **Cash \$** _____

_____ **Check#** _____ **Bank Name** _____

_____ **Credit Card #** _____ **Exp. Date** _____

Name as it appears on card _____

_____ **Online Full Payment (\$150) at www.shopthebull.com**