



Body by Boyle Application

I understand that by filling out this application that I am signed up for Boyle training and that there are no refunds. I also understand that my full payment must be attached to this by either credit card or check. Space will be granted on a first come first serve basis. Any application not complete3d with money will be considered incomplete and will not hold your spot. Please fill out the following information and fax back (if using credit card) 978-468-1927 or mail with check to(checks made out to North Shore Raiders) :

Northshore Raiders
PO Box 2261
S. Hamilton MA 01982

Players Name: _____

Raiders Team(circle one): 98, 97, 96 or 95

Home Phone1: _____

Cell Phone: _____

Email Address1: _____

The sessions will take place Mondays and Wednesdays in North Andover at 6:00pm

Credit Card

I _____ authorize the North Shore Jr Raiders
(Name)

to charge my Visa / Master Card in the amount of \$ 325 for the
purpose of Boyle Training

Card No. _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _ Expiration Date : _ _ - _ _

3-Digit Code (on back after 4 numbers) : _ _ _

Card Member Signature : _____