



COACH'S CLUB

**SPORTS
AUTHORITY®**

ENROLLMENT FORM

Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____

Sport (all that apply):

Baseball Football Basketball Soccer Other

League Name: _____

Check to NOT Receive Promotional Offers From Sports Authority

**STORE ASSOCIATE, PLEASE FAX FORMS TO:
(414) 247-7160**