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Date: _____

Annual Subscription Effective March 1, 2007

High School Customers *Grades 9-12* **1 Year Subscription** ☐ \$250.00
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Total to be invoiced: \$ _____

Athletic Director's Name: _____

School Name: _____

School Address: _____

City: _____ **State:** _____ **Zip:** _____

School Phone: () _____

Athletic Phone: () _____ **Ext.** _____

Fax: () _____

Email: _____

League Name: _____

Please forward the names of all league schools to support@leagueminder.com

Your signature below indicates your purchase of LeagueMinder services for the fees shown above.

You will be invoiced for the total amount shown. Once your subscription has been activated there will be no refund.

Purchase Signature: _____ **PO#** _____

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