## ACTIVITY ID#:\_

## COMMUNITY EDUCATION AND RECREATION ADULT TEAM SPORTS REGISTRATION FORM

CAPT./ MGR. FIRST NAME:	LAST NAME:			
ADDRESS:	CITY:		STATE:	ZIP:
PHONE: (CELL)	(AL'	(ALT PHONE)		
E-MAIL ADDRESS:				
GENDER: M F	DATE OF BIRTH:	/	/	_ (MM/DD/YYYY)
LEAGUE REGISTERING FOR:	(	CURRENT TE	AM NAME:	
DESIGNATED PAYER (OTHER THAN C	CAPTAIN):			
NIGHT OF PLAY PREFERENC	E: 1st Choice		2 <sup>nd</sup> Choice	
SPECIAL REQUESTS (Schedule	constraints/ potential I	Bye date, etc.):		
	JEST SPECIFIC TIMES,			
PERSONAL CHECKS ARE AC REC & ED WILL ALSO PLEASE MAKE CHE	CEPTED ONLY FROM ACCEPT MONEY OF	M THE TEAM S RDER, CASH, O	SPONSOR OR TE OR CORPORATE	CAM MANAGER. CHECKS
PLEASE COMPLETE IF PAYING BY	CREDIT CARD			
Name Print the name exactly as it appear	s on the credit card			
□ VISA □ MASTERCARD □	AMERICAN EXPRE	SS Amour	nt charged \$	
Card #		_ Exp. Date:	CVV:	
Signature (required)				
I agree to pay above total amount according policy listed in the League Information note	es.		•	
REGISTRATION DATES:			March 1, 2023 March 24, 2023	*

(if there are available spots in the league, teams may be added until March 31, 2023)