



TEAM SPORTS REGISTRATION FORM

Please print & fill out completely.

Section A - TEAM MANAGER

Last Name	First Name	Home Phone
Street Address	E-Mail	Work Phone
City	State	Zip
		Cell Phone

Team Name _____

Sport	Division	Classification	Day of the Week
<input type="checkbox"/> Baseball	<input type="checkbox"/> Men	<input type="checkbox"/> Upper <input type="checkbox"/> Open	<input type="checkbox"/> Monday
<input type="checkbox"/> Basketball	<input type="checkbox"/> Women	<input type="checkbox"/> Lower <input type="checkbox"/> Masters	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Indoor Soccer	<input type="checkbox"/> Coed	<input type="checkbox"/> A	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Softball		<input type="checkbox"/> B	<input type="checkbox"/> Thursday
<input type="checkbox"/> Volleyball		<input type="checkbox"/> C	<input type="checkbox"/> Friday
		<input type="checkbox"/> D	<input type="checkbox"/> Saturday
			<input type="checkbox"/> Sunday
<input type="checkbox"/> Games must start after _____			
<input type="checkbox"/> Games must start before _____			
<input type="checkbox"/> No games all day on this date _____			