



# REGISTRATION FORM



Men's Adult League	
Day(s) of Play: <input type="checkbox"/> Either Saturday and Sunday <input type="checkbox"/> Saturday Only <input type="checkbox"/> Sunday Only	Division/Classification (please circle one) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>A/B Competitive</span> <span>C Recreation</span> </div>
Team Name: (please print)	
Color of Jersey:	# of players:
Team Captain's Name: (please print)	
Address:	Phone #:
	E-Mail:
Alternative Contact Name:	
Address:	Phone #:
	E-Mail:
<i>What are some things you would like to see in a league? Can be anything...</i>	
Team Captain's Signature:	
Season: (please circle)   Spring   Summer   Fall   Winter   Tournament	
FOR OFFICE USE ONLY: Paid in full <input type="radio"/> Yes <input type="radio"/> No   Payment Plan: Method: <input type="radio"/> MC/Visa <input type="radio"/> Cash <input type="radio"/> Check Ck#	
Board Member Signature:	Date: