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## ADULT TEAM REGISTRATION FORM

Team Name: \_\_\_\_\_ League:    Men    Coed    Women

Manager: \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Text: Y N

	NAME	DOB	CELL PHONE	T	D
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

### Staff / Office Use Only

GT:    A    E    M    L    Notes \_\_\_\_\_

T \_\_\_\_\_ Cash    CC    Check \_\_\_\_\_ Bank \_\_\_\_\_ R \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_