

TEAM REGISTRATION CARD

SPORT: _____ CLASSIFICATION: _____

TEAM NAME: _____ DATE: _____

MANAGER: _____ PHONE: OFFICE: _____

ADDRESS: _____ PHONE: HOME: _____

CITY: _____ ZIP: _____

LAST YEAR TEAM NAME: _____

PLEASE CIRCLE UP TO 2 CHOICES FOR DAYS ON WHICH YOUR TEAM **CANNOT** PLAY:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

COMMENTS: _____
