

Team Registration Fall 2010



Team Name: _____ Today's Date: _____

League Selection: Mon Tue Wed Thur Fri Sat Sun
(NOTE: Please refer to the league chart on other side)

League Type: Men's Women's Co-Ed

Division: A B
* A Division = Competitive B Division = Recreational

Name of Captain: _____

Date of Birth (yyyy-mm-dd): _____

Address: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Additional Information / Requests:

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