



PARKS & RECREATION DEPARTMENT

TEAM ENTRY FORM

TEAM NAME: _____

SPORT: _____ YEAR: _____

*PLEASE CIRCLE ONE: OPEN INDUSTRIAL CHURCH

*CLASS TEAM – PLEASE CIRCLE ONE: OPEN A B C

TEAM SPONSOR: _____

SPONSOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

TEAM REPRESENTATIVE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/CELL PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CAN YOU BE REACHED DURING WORK HOURS? YES _____ NO _____

DAYS YOUR TEAM CAN PLAY? MON. ___ TUE. ___ WED. ___ THUR. ___ FRI. ___

SCHEDULING CONFLICTS: _____

