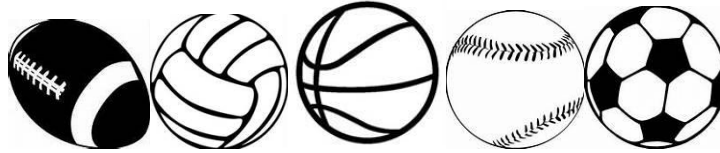




GASTONIA
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PARKS & RECREATION DEPARTMENT



TEAM ENTRY FORM

TEAM NAME: _____ YEAR: _____

SPORT: _____ AGE GROUP: _____

TEAM SPONSOR: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

E-Mail: _____

TEAM REPRESENTATIVE: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

E-Mail: _____

Can you be reached during work hours? YES__ NO__

PLEASE LIST ANY DATES YOUR TEAM CANNOT PLAY.
(LIMIT OF 3 DATES PLEASE)

1. _____

2. _____

3. _____