



MEMPHIS PARK SERVICES ATHLETICS TEAM REGISTRATION FORM

DAY ASSIGNED _____ LOCATION ASSIGNED _____

PLEASE PRINT:

TEAM NAME: _____ NEW TEAM: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DAY PHONE: _____ NIGHT PHONE: _____

E-MAIL: _____ CELL #: _____

(All correspondence will be sent to the above; please give correct information)

2ND CONTACT PERSON: (Must be able to reach day or night when person listed above cannot be reached)

NAME: _____

DAY PHONE: _____ NIGHT PHONE: _____

E-MAIL: _____ CELL #: _____

TEAM INFORMATION:

CHECK ONE: _____ MEN _____ WOMEN _____ COED _____ YOUTH
_____ OPEN _____ B SLOW _____ C SLOW _____ "A" FASTPITCH
_____ OTHER (_____)

ADULT

_____ Summer Softball
_____ Fall Softball
_____ Summer Basketball
_____ Fall Basketball
_____ Summer Kickball
_____ Fall Kickball
_____ Volleyball
_____ Baseball
_____ Flag Football
_____ Other

YOUTH

_____ Summer Baseball/Softball
_____ Fall Baseball/Softball
_____ Fall Basketball
_____ Summer Basketball
_____ Fall Soccer
_____ Spring Soccer
_____ Volleyball
_____ Flag Football
_____ Other

BOYS

GIRLS

AGE DIVISION _____ RECREATION _____

COMPETITIVE _____

OFFICE USE ONLY – DO NOT WRITE BELOW LINE

PAYMENT:

CHECK # _____ AMOUNT: _____ RECEIVED BY: _____

CASHIER'S CHECK # _____ AMOUNT: _____ DATE: _____

MONEY ORDER # _____ AMOUNT: _____

NOTES:

