

Team Name \_\_\_\_\_

Sport and League Requesting: (Please check the sport registration packet for actual leagues and nights that are available.)

_____ Softball	_____ Basketball
_____ A	_____ Slow Break
_____ B	_____ Open
_____ C	_____ Volleyball
_____ D	_____ B
_____ E	_____ BB
_____ Church	_____ Over 50
_____ Double Header	
_____ Over 50	_____ Kickball

Please check one in each of the following areas.

Division:

Night Requested:

\_\_\_\_\_ Men

\_\_\_\_\_ Sunday

\_\_\_\_\_ Monday

\_\_\_\_\_ Women

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Coed

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

E-mail address \_\_\_\_\_

Assistant Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Extension \_\_\_\_\_

E-mail address \_\_\_\_\_

Roster continued on second page



Team Name \_\_\_\_\_

League \_\_\_\_\_

Roster - Please list players' names including the manager if playing

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

Please complete both sides  
of this registration form.

For questions and information  
call 874-7460.

For office use only

Date Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Payment Method \_\_\_\_\_

League \_\_\_\_\_

Initials \_\_\_\_\_

**Thank you for your support!**  
**Columbia Parks and Recreation Sports Department**