



CO-ED TEAM REGISTRATION

Team Name: _____ Manager's Name: _____

Manager's email: _____ Manager's Address: _____

Manager's City/Zip: _____ Manager's Phone: _____

Manager's Signature _____ Date: _____

The Manager assumes responsibility for payment of the Team Fees. **Team registration fee is \$500 for 8 game season (includes referee fees for the regular season). NOTE: Does not include playoff game fees (\$25.00 per game). Playoff game fees are based on playoff games actually played by your team.** All leagues are filled on a first pay (\$100 deposit), first served basis. The pending total (\$400) is due before the first game of the season.

***Teams are required to wear matching color uniforms.**

Last Name	First Name	Phone Number	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			