



**TEAM REGISTRATION  
CO-ED FALL KICKBALL**

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2<sup>ND</sup> CONTACT NAME/PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**\$350 PAYMENT DUE BY REGISTRATION DEADLINE.**

**SHIRTS ARE INCLUDED IN FEE FOR 12 PLAYERS.**

**\$50 PER ADDITIONAL PLAYER**

**(IF TEAM HAS JERSEYS - THERE IS NO LIMIT ON # OF PLAYERS)**

**ALL PLAYERS ROSTERED MUST HAVE THE SAME YEAR/SEASON JERSEYS.**

**SHIRT SIZES**

S \_\_\_\_\_

M \_\_\_\_\_

L \_\_\_\_\_

XL \_\_\_\_\_

2XL \_\_\_\_\_ (ADD \$3/SHIRT)

3XL \_\_\_\_\_ (ADD \$3/SHIRT)

**PREFERRED SHIRT COLOR**

1.

2.

3.

TOTAL SHIRTS: \_\_\_\_\_

**MAIL FORM AND DEPOSIT OR BRING TO**

**TOWN OF MONCKS CORNER**

**118 CAROLINA AVE MONCKS CORNER, SC 29461**

**EMAIL CONTACT [BRIAN.BURBAGE@MONCKSCORNERSC.GOV](mailto:BRIAN.BURBAGE@MONCKSCORNERSC.GOV)**

Paid  Cash  Check # \_\_\_\_\_  Credit Card **OFFICE USE ONLY**

Receipt # \_\_\_\_\_ Amount Received

\$ \_\_\_\_\_

Roster Turned In Date \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_