



**ADULT LEAGUE TEAM REGISTRATION FORM**  
**20 \_\_\_\_**

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

Coach: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_

League: \_\_\_\_\_

Church/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

<input type="checkbox"/> Paid <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card
Receipt # _____ Amount Received
\$ _____
<input type="checkbox"/> Roster Turned In Date _____
Received By: _____ Date: _____