



**TEAM REGISTRATION  
CO-ED KICKBALL SUMMER**

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

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

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

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

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

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

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

**\$350 PAYMENT DUE BY REGISTRATION DEADLINE.  
SHIRTS ARE INCLUDED IN FEE FOR 12 PLAYERS.  
(IF TEAM HAS JERSEYS - THERE IS NO LIMIT ON # OF PLAYERS)  
\*\*ALL PLAYERS ON ROSTER MUST HAVE THE SAME JERSEYS.**

**SHIRT SIZES**

S \_\_\_\_\_  
M \_\_\_\_\_  
L \_\_\_\_\_  
XL \_\_\_\_\_  
2XL \_\_\_\_\_  
3XL \_\_\_\_\_

(ADD \$3/SHIRT)  
(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)**

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