

Team Name _____

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

_____ Softball
_____ B D/H
_____ C
_____ D
_____ E
_____ Church
_____ Over 50
_____ 3-Pitch

_____ Basketball
_____ Slow Break _____ Open _____ 3 on 3
_____ Volleyball
_____ B
_____ BB
_____ Over 50

_____ Kickball (*offered Friday nights only*)

Season: _____ Spring _____ Summer _____ Fall _____ Winter

Please check one in each of the following areas:

Division:

_____ Men
_____ Co-Rec

Night Requested:

_____ Sunday _____ Monday
_____ Tuesday _____ Wednesday
_____ Thursday _____ Friday

Manager's Name _____

Address _____

City _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

E-mail address _____

Assistant Manager's Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Extension _____

E-mail address _____

Complete roster information on back of page

Team Name _____

League _____

Roster – *Please PRINT players' first and last names, including the manager (if playing)*

1. Manager: _____

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.

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