



Metro Parks Kickball Team Registration

Please fill out form completely

Name of Coach or Manager: _____

Daytime Phone: _____

Evening Phone: _____

Fax: _____

E-mail: _____

Address: _____

City, State, Zip: _____

Team Name: _____

First Choice of League (day & field): _____

Second Choice of League (day & field): _____

Third Choice of League (day & field): _____

**Office
Use
Only**

Name on Check: _____

Check #: _____ Date Rec'd: _____

Money Order #: _____ Date Rec'd: _____