

Springfield Park District League Entry Form

I AM ENTERING A TEAM FOR THE FOLLOWING LEAGUE

(LEAGUE NAME)

MEN ____ WOMEN ____ CO-REC ____

TEAM NAME: _____

MANAGERS NAME: _____

HOME ADDRESS: _____ ZIP _____

E-MAIL ADDRESS: _____

HOME PH. #: _____ WORK PH. #: _____

CO-MANAGER: _____

HOME ADDRESS: _____

(ZIP CODE)

E-MAIL ADDRESS: _____

HOME PH. #: _____ WORK PH. #: _____

TEAM ENTRY FEE: _____ NON RESIDENT FEE: _____

(IF APPLICABLE)

****OFFICE USE ONLY****

Received from: _____ Code to Acct: _____

Received by: _____ Date: _____