

SABETHA PARKS & RECREATION DEPARTMENT

805 Main PO Box 187 785-284-2158

ADULT ATHLETICS TEAM REGISTRATION AND ROSTER

Team name: _____

Manager's name: _____

Email: _____

Address: _____

Cell phone: _____ home phone _____ work phone _____

Second contact name _____

Email: _____

Cell number: _____ home phone _____ work phone _____

Year: _____

Season:

spring summer fall winter

Sport:

Volleyball -\$50/team Men's Basketball-\$100/team

League:

Men's Women's Co-Rec

TEAM ROSTER:

| | |
|-------|-------|
| ----- | ----- |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

THIS FORM AND ENTRY FEE MUST BE TURNED IN BY THE DESIGNATED DEADLINE FOR EACH SPORT.

OFFICE USE ONLY

PAID \$ _____ DATE- _____ RECEIPT NUMBER _____