

GASTONIA PARKS & RECREATION DEPARTMENT

TEAM SIGN-UP FORM



TEAM NAME: _____ YEAR: _____

SPORT: _____ AGE GROUP: _____

TEAM SPONSOR: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

E-Mail: _____

TEAM REPRESENTATIVE: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax #: _____

E-Mail: _____

Can you be reached during work hours? YES__ NO__

PLEASE LIST ANY DATES YOUR TEAM CANNOT PLAY.

(LIMIT OF 3 DATES PLEASE)

1. _____

2. _____

3. _____