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: __________