

# TEAM REGISTRATION FORM

SPORT: Co-Ed Sand Volleyball

Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Manager's phone number: \_\_\_\_\_

Manager's Email: \_\_\_\_\_

The information I have provided is true and correct. As the team manager, I agree to forward all necessary league information to my team members.

Signature of Manager: \_\_\_\_\_

Team Members:

- |    |     |
|----|-----|
| 1. | 7.  |
| 2. | 8.  |
| 3. | 9.  |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

Registration form, money and waiver are due to the Frenchtown Treasure's Department by May 27th

