

**ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS**

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM

Season: WINTER Program Year: 2010

Sport: YOUTH WRESTLING Program Number: 4800 \$250/team

Out-Of-County Program Number: 4801 \$400/team

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____

Commissioner Name: _____ Phone: _____

TEAM INFORMATION

Level of Play: A B
Please circle one

Team Name: _____

Site for Home Matches _____ Availability: _____

HEAD COACH INFORMATION

(This information MUST be complete or registration will NOT be accepted)

Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ Date of Background Check: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail address: _____

ASSISTANT COACH INFORMATION

Put additional Coaches on a back of registration form.

1. Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ Date of Background Check: _____

Cell Phone: _____ E-Mail address: _____

2. Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ Date of Background Check: _____

Cell Phone: _____ E-Mail address: _____

3. Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ Date of Background Check: _____

Cell Phone: _____ E-Mail address: _____

TEAM NOTES:

Fee: \$250.00 per team Out of County Fee: \$400.00 per team

OFFICE USE ONLY

FEE PAID: _____

DATE PD: _____

CHECK #: _____

REC'D BY: _____