

**ANNE ARUNDEL COUNTY**  
**DEPARTMENT OF RECREATION AND PARKS**  
*Organized Recreation & Athletics Division*

**TEAM REGISTRATION FORM**

Season: FALL Program Year: 2011  
Sport: YOUTH FOOTBALL Program Number: \_\_\_\_\_

**ATHLETIC/SPONSOR ORGANIZATION**

Organization: \_\_\_\_\_  
Commissioner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**TEAM INFORMATION**

Team Name: \_\_\_\_\_ Jersey Color: \_\_\_\_\_  
WEIGHT CLASS    70    80    90    100    110    125    140    11U    12U    13U    Varsity    Fresh/Soph  
                                                  
PLEASE CHECK ONLY ONE WEIGHT CLASS  
Home Field \_\_\_\_\_ Lights on Field    Yes     NO

**COACH INFORMATION**

Coach Name: \_\_\_\_\_ Certification Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Background: \_\_\_\_\_  
City: \_\_\_\_\_ State: MD Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_ Date of Background: \_\_\_\_\_  
Assistant Coach Name: \_\_\_\_\_ Date of Background: \_\_\_\_\_  
Assistant Coach Name: \_\_\_\_\_ Date of Background: \_\_\_\_\_  
Assistant Coach Name: \_\_\_\_\_ Date of Background: \_\_\_\_\_

**TEAM NOTES:**

Fee: \$85 per Team

OFFICE USE ONLY

FEE PAID: \_\_\_\_\_ CHECK #: \_\_\_\_\_ RECEIPT # \_\_\_\_\_