

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

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM - 10U FRIDAY NIGHT LEAGUE

Season: **SPRING** Program Year: **2009**

Sport: **YOUTH BASEBALL** Program Number: **4690**

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____

Commissioner Name: _____ Phone: _____

TEAM INFORMATION

Team Name: _____ Jersey Color: _____

COACH INFORMATION (This information MUST be completed legibly or registration will NOT be accepted)

Coach Name: _____
Full First Name Middle Initial Last Name

Certification Number: _____ **Date of Background:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

FIELD AVAILABILITY:

FIELD: _____

LIGHTS: YES NO

IS YOUR FIELD AVAILABLE FRIDAY NIGHTS: _____

OFFICE USE ONLY

Friday night league \$100.00

FEE PAID: _____ CHECK #: _____ DATE PD: _____