

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

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM *ONE TEAM PER FORM*****

Season: FALL FY'10 Program Year: 2010
 Sport: YOUTH GIRLS LACROSSE Program Number:

4900	4910
4920	4930 4940

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Phone: _____
 Commissioner/Contact Person: _____

TEAM INFORMATION

Team Name: _____

Age Group: <i>Circle One</i>	Sticklette	PeeWee	Middies	Juniors	Seniors
Level of Play: <i>Circle One</i>	Kindergarten 1st Grade 2nd Grade Mixed	3rd Grade 4th Grade Even	A B C	A B C	NO DIVISION

Use back of form if needed.....Please list availability of each field

HOME FIELD (S) **50 YD** _____ LIGHTS? YES _____ NO _____

HOME FIELD (S) **100 YD** _____ LIGHTS? YES _____ NO _____

COACH INFORMATION (This information MUST be completed legibility 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 address: _____

TEAM NOTES:

Fees: \$110/team

OFFICE USE ONLY

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