

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

Organized Recreation & Athletics Division

TEAM REGISTRATION FORM

Season: WINTER

Program Year: 2007

Sport: YOUTH WRESTLING

Program Number: 8300

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____

Phone: _____

Commissioner Name: _____

Phone: _____

Street Address: _____

City: _____

State: _____

Zip: _____

TEAM INFORMATION

Level of Play: A B

Team Name: _____

Site for Home Matches _____

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

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail address: _____

TEAM NOTES:

Fee: \$180.00 per team

OFFICE USE ONLY

FEE PAID: _____

DATE PD: _____

CHECK #: _____

REC'D BY: _____