



Organized Recreation & Athletics Division

SPRING FIELD HOCKEY REGISTRATION FORM

1 Harry S Truman Parkway
Annapolis, MD 21401
410.222.7865
Fax: 410.222.4120

Mail completed form and payment to: **A.A. County Recreation & Parks, 1 Harry S Truman Parkway, MS 3225, Annapolis, MD 21401 Attn: Sports Desk**

Sport: 7v7 Adult FH Season: FALL Program Year: 2020

LEAGUE REGISTRATION AND FEES: (PLEASE INDICATE)

Player: **Youth** \$75 per player *Late fee date TBD*

Captain **Adult** \$40 per player *Late fee date TBD*

PARTICIPANT INFORMATION

Participant Name: _____

Street Address: _____

City/State/Zip: _____ Player Phone: _____

Email Address: _____ Grade: _____

Other Phone: _____ Date of Birth: _____ Age: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Phone: _____

POSITION INFORMATION:

Captain: ___ Yes ___ No **Goalie:** ___ Yes ___ No *If yes do you have equipment* _____

Skill Level: _____ Beginner _____ Intermediate _____ Advanced

TEAM INFORMATION: If you request to play for a particular team or with a particular person please indicate this below. **If no indication you will be placed on the 1st available team.**

OFFICE USE ONLY

FEE PAID: _____ CHECK #: _____ RECPT #: _____