



Organized Recreation & Athletics Division

COMMISSIONER FORM
 ONE PER ORGANIZATION

Season: FALL Year: 2021 Sport: YOUTH FIELD HOCKEY

Name of Organization: _____

Commissioner's Name: _____

Commissioner's Address: _____

City, State and Zip Code: _____

Cell Phone: _____ Alt Phone: _____

E-mail address: _____

Please provide time field is available for games:

HOME FIELD:	_____	LIGHTS?	YES _____	NO _____			
Address:	_____	Is this field shared w/ other sport?	YES _____	NO _____			
Available Times:	M _____	T _____	W _____	TH _____	F _____	SA _____	SU _____

Number of Teams Registered

- ◆ *Out of County Teams Please add \$105 per team. Must have approval from the Director of Recreation & Parks prior to registration.*
- ◆ *Payment MUST be made at time of registration or a \$25 late fee per team may be assessed.*

	# TEAMS		Extended Cost
	_____	\$95 Stickettes	_____
	_____	\$140 Pee Wee	_____
	_____	\$140 Middies	_____
	_____	\$140 Juniors	_____
Total Number of Teams	_____		_____
Out of County Fee Per Team	_____	X \$105 Out of County Fee	_____
		TOTAL DUE	_____

RECREATION & PARKS USE ONLY

Date Paid _____ Received by: _____ Check # _____