



Organized Recreation & Athletics Division

COMMISSIONER FORM

ONE PER ORGANIZATION

Season: FALL Year: 2018 Sport: YOUTH FOOTBALL

Name of Organization: _____

Commissioner's Name: _____

Commissioner's Address: _____

City, State and Zip Code: _____

Cell Phone: _____ Alt Phone: _____

E-mail address: _____

Home Field: _____

DO YOU HAVE A PERMIT FOR THE FIELD LISTED?

YES NO

LIGHTS YES NO

PERMIT # _____

Days/Nights Available: _____

Number of Teams Registered

.. *Out of County Teams Please add \$100 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.*

PLEASE INDICATE BELOW:

- The # of teams per weight class
- Conferences **A** = American **N** = National **C** = Central

# Teams	Weight	DIVISION	# Teams	Weight	DIVISION
_____	7U	_____	_____	11U	_____
_____	8U	_____	_____	12U	_____
_____	9U	_____	_____	Varsity U	_____
_____	10U	_____	_____	Fresh/Soph	_____

Total Number of Teams _____ X \$95.00

Out of County Fee _____ X \$105.00

Total Fees Due _____

RECREATION & PARKS USE ONLY

Date Paid _____

Received by: _____

Check # _____