

ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS
Organized Recreation & Athletics Division

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

Sport: YOUTH GIRLS LACROSSE Program Year: 2020

ATHLETIC/SPONSOR ORGANIZATION

Organization: _____ Commissioner: _____

E-Mail: _____ Phone: _____

Age Group: <i>Circle One</i>	<i>\$80.00</i> Sticklettes	<i>\$130.00</i> PeeWee	<i>\$130.00</i> Middies	<i>\$130.00</i> Juniors
Level of Play: <i>Circle One</i>	Kindergarten 1st Grade 2nd Grade	3rd Grade 4th Grade Even	A B C	A B C

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

TEAM INFORMATION

Team Name: _____

COACH INFORMATION *(This information MUST be completed legibility or registration will NOT be accepted)*

Coach Name: _____
Full First Name Middle Initial Last Name

Certification Date: _____ **Date of Background:** _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ **E-Mail address:** _____

TEAM NOTES: *Scheduling Special Requests*

OFFICE USE ONLY

FEE PAID: _____ CHECK #: _____ RECEIPT #: _____