



**Organized Recreation & Athletics  
Division**

COMMISSIONER FORM

\*\*\*ONE PER ORGANIZATION\*\*\*

Season: FALL Year: 2020 Sport: YOUTH WRESTLING

Name of Organization: \_\_\_\_\_

Commissioner's Name: \_\_\_\_\_

Commissioner's Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**NOTES:**

**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.*

\_\_\_\_\_ \$275.00  
\_\_\_\_\_ \$105.00 Out of County fee

**Total Number of Teams** \_\_\_\_\_

**Total Fees Due** \_\_\_\_\_