

Russellville Recreation and Parks Department

Adult League Entry Form

Team Name _____ Date: _____

Manager _____ Assistant Manager _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Home Phone _____ Home Phone _____

Business Phone _____ Business Phone _____

E-mail Address _____ E-mail Address _____

New Team
 Returning Team
 Returning Team with New Name

If a team has six or more returning players it is considered the same team.

The number of teams which register to play will determine the number of divisions scheduled. Check the division you believe is best for your team with Division I being the highest and Division III the lowest.

Division I
 Division II
 Division III (if scheduled)

Do you request to play the teams in a higher division than your own? _____

If you are registering for a lower division, please list the teams and divisions that your players have participated the past two seasons.

_____	Players from Team Name: _____	Division _____
_____	Players from Team Name: _____	Division _____
_____	Players from Team Name: _____	Division _____
_____	Players from Team Name: _____	Division _____

This form with the league **entry fee** and a completed **Roster**, must be turned into this department before the registration deadline for league entry. I, the undersigned, am listed as manager of this team and understand that all correspondence will be mailed to only me. I am responsible to relate any information to my players. I have paid all fees and turned in all forms required to register my team in the RRPD Sports Program specified.

Signature of Manager

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Office Use Only

Date Received _____ Amount Received _____ Check Number _____

Receipt Number _____ Received By _____