

ACTIVITY NAME: SUMMER: ADULT KICKBALL

ACTIVITY ID#: _____

**COMMUNITY EDUCATION AND RECREATION
ADULT TEAM SPORTS REGISTRATION FORM**

CAPT./ MGR. FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (W) _____ (H) _____ (CELL) _____ (OTHER) _____

E-MAIL ADDRESS: _____

GENDER: M F DATE OF BIRTH: ____/____/____ (MM/DD/YYYY)

LEAGUE REGISTERING FOR: _____ CURRENT TEAM NAME: _____

DESIGNATED PAYER (OTHER THAN CAPTAIN): _____

NIGHT OF PLAY PREFERENCE: 1st Choice _____ 2nd Choice _____

SPECIAL REQUESTS (Schedule Constraints/ potential Bye date):

YOU MAY REQUEST SPECIFIC TIMES, BUT THERE ARE NO GUARANTEES!

**PERSONAL CHECKS ARE ACCEPTED ONLY FROM THE TEAM SPONSOR OR TEAM MANAGER.
REC & ED WILL ALSO ACCEPT MONEY ORDER, CASH, OR CORPORATE CHECKS
PLEASE MAKE CHECKS PAYABLE TO ANN ARBOR PUBLIC SCHOOLS**

PLEASE COMPLETE IF PAYING BY CREDIT CARD

Name _____

Print the name exactly as it appears on the credit card

VISA MASTERCARD AMERICAN EXPRESS Amount charged \$ _____

Card # _____ Exp. Date: _____

Signature (required) _____

I agree to pay above total amount according to the card issuers agreement and the Community Education and Recreation Refund/Credit policy listed in the organizational notes.

REGISTRATION DATES:

Open registration:

March 7, 2012

FINAL DEADLINE:

March 30, 2012