



# SPORTS SOCIAL SERIES REGISTRATION

TEAM OR INDIVIDUAL

## INDIVIDUAL NAME

## SPORT DESIRED

(Circle One or More)

Sport: **Bubble Soccer**      **Tri-Volleyball**      **Kickball**      **Ultimate Frisbee**

## DATE(S) REQUESTED

(Circle One or More)

4/1    4/15    4/29    5/13    5/27    6/10    6/24    7/8    7/22    8/5    8/19    9/2

## LEVEL OF PLAY REQUESTED

(Circle One)

Beginner

Intermediate

Experienced

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

If you would like to play with another individual(s) who is signing up please list the name(s) here:

\_\_\_\_\_

NOTE: If your address, phone, or email changes, please inform the league coordinator.



## TEAM NAME

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## MANAGER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_