



2016 Fall Kickball Team Registration Form



Team Name: _____

Manager's Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Assistant Manager's Name: _____ Email: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Season Begins August 17

<u>Type</u>	<u>Night</u>	<u># of Games</u>
Coed	Wednesday	6 games + tournament

- Teams must have a minimum of 3 men and 3 women.

Team Fees: \$190 per team

Game Times: 6:15, 7:00, 7:45, 8:30 pm (9:15 pm if necessary)

Important Dates

Registration Begins: May 2

Registration Deadline: July 14

Game Locations: Lamar Park

Age Eligibility: 16+

How to Register

Mail/Walk In: Mail or drop off registration form & fee to,

Wyoming Parks & Recreation Department
1155 - 28th Street SW
Wyoming, MI 49509

Fax: Fax completed registration form with credit card number and expiration date to 616-249-3400.

Email: Email completed form with credit card number and expiration date to parks_info@wyomingmi.gov.

For more information, please call 616-530-3164.

www.wyomingmi.gov

PAYMENT (Cash, Check, or Credit/Debit Card)

NOTE:

No refunds given unless the league has been cancelled.

Credit/Debit Card Information:

Visa & MasterCard accepted

Credit/Debit Card #: _____ - _____ - _____ - _____

Expiration Date: _____

Name on Card: _____