

RETURN APPLICATION WITH FEE TO:

**JACKSONVILLE PARKS AND RECREATION DEPARTMENT
5 MUNICIPAL DRIVE
JACKSONVILLE, AR 72076**

Co-Ed Kickball Registration Form

DATE: _____

TEAM NAME: _____

MANAGER: _____

ASS'T MGR: _____

ADDRESS: _____

ADDRESS: _____

HOME PHONE: _____

HOME PHONE: _____

BUSINESS PHONE: _____

BUSINESS PHONE: _____

CELL PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

EMAIL ADDRESS _____

TYPE OF LEAGUE: MEN___ WOMEN___ CO-ED___ DIVISION OF PLAY: CHURCH___ OPEN___

HAS TEAM PLAYED IN THE JACKSONVILLE LEAGUE BEFORE? YES___ NO___

WHAT DIVISION OF PLAY DO YOU WANT TO PLAY IN? UPPER___ LOWER___

MANAGER'S SIGNATURE

OFFICE USE ONLY

TEAM FEE\$200.00

REC'D BY _____

CASH _____

MONEY ORDER _____

CHECK..... _____

RECEIPT # _____

If you have any questions contact Larry Freeman @ 501-749-8705 or
jfreeman@cityofjacksonville.net