

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

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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