

CITY OF FARMINGTON PARKS AND RECREATION

2012 Athletic Leagues Registration Form

Manager Information:

TEAM NAME: _____

FORMER TEAM NAME (If Any): _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

Assistant Manager Information:

ASSISTANT MANAGER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

League Information:

SPORT: _____

NIGHT: _____ CLASS: (Circle One) A B C D

Softball leagues Only
(Check One) RETURNING TEAM NEW TEAM
(Check One) SUMMER FALL
(Check All That Applies) Men's League Mixed League
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
PLEASE CIRCLE NUMBER OF YEARS IN LEAGUE: 0 1 2 3 4 5 6 7 8+

Volleyball
LEAGUE (Check Two): POWER RECREATIONAL SAND
 FALL WINTER SPRING SUMMER
DIVISION (Check One): (Volleyball Leagues Only)
 WOMENS MIXED MENS

**** For Office Use Only ****
Deposit Amt. \$ _____ Check# _____ Date Paid _____ Bal. Due \$ _____
Balance Paid \$ _____ Check # _____ Date Paid _____
 New Team Returning Team
New Teams:
Admitted into league: Yes No Night: _____

**City of Farmington – 430 Third Street, Farmington, MN 55024
651-280-6854**