



Clement Park Athletics Office  
Phone: 303-409-2615  
Fax: 303-409-2630

## TEAM REGISTRATION FORM

Registration code & date

**DESIRED LEAGUE** (Please circle all classifications):

**Season:** Winter Spring Summer Fall  
**Sport:** Softball Basketball Volleyball Football  
**Location:** Schaefer Athletic Complex Clement Park Ridge Lilley Gulch  
**Night:** Mon Tue Wed Thu Fri Sun

**LEAGUE AND DIVISION:** \_\_\_\_\_  
(ie. Coed E, Men's DR, Women's 3 vs 3)

Second choice if desired league is full: \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

\*\*\*\*\*

ASSISTANT MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

Did your team play in the Foothills league last year or last season? YES NO  
If yes, what was the name of your team, if different than above? \_\_\_\_\_

Payment Type:  
Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_  
Credit Card (VS, MC, DISC, AMEX) **Please call the Athletics office to give credit card number.**  
Amount to be charged \$ \_\_\_\_\_

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	INITIALS
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____