

KICKBALL TEAM REGISTRATION FORM

TEAM NAME: _____

TEAM MANAGER'S NAME: _____

EMAIL ADDRESS: _____

HOME #: _____ WORK #: _____ CELL #: _____

CHOOSE LEAGUE EITHER MONDAY EVENINGS OR TUESDAY EVENINGS.
ON THE SCALE PROVIDED, RANK YOUR TEAM.

(1= HIGHLY SKILLED, 2= AVERAGE SKILLED, 3= LESS EXPERIENCED.)

***MONDAY EVENINGS (Game times are 6:00 pm, 7:05 pm, 8:10 pm and 9:15 pm)**

1 2 3

***TUESDAY EVENINGS (Game times are 6:00 pm, 7:05 pm, 8:10 pm and 9:15 pm)**

1 2 3

*Only 24 teams will be accepted per weekday evening (team fee & minimum of 12 players paid)

NOTE: The division you select for your team does not guarantee a level of league play. It merely gives league officials an indication of the level at which you feel your team will be the most competitive.

WHEN REGISTRATION IS SUBMITTED, TEAM MANAGERS WILL RECEIVE AN EMAIL FROM TEAM SIDELINE WITH INSTRUCTIONS ON HOW TO ROSTER TEAM PLAYERS.