2011
Adult Co-ed Dodgeball Registration Form

Office Use Only

Date: _____

Fee Paid: _____

Type: Credit Check #:_____

Receipt #: _____

Staff Initials: _____

S

Registration

March 21 - 24
8:30 am - 5:30 pm
Entry Fee : $200

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters) | | | | | | | | |

Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average No Skill

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

Team Status :

Returning Combination of Past Teams New Team

Special Scheduling Request: If you have a request please note below, this may result in a team being moved up in skill level.

_____

Each team **must** submit a roster to the Athletics Office before their first game.

Please initial here if you give permission for your address and/or telephone numbers to be given out to anyone requesting them for any reason. INITIALS: _____

RALEIGH Parks and Recreation parks.raleighnc.gov

Athletics Department

2401 Wade Avenue

Raleigh, NC 27607

Phone: 919-831-6836 Fax: 919-807-5225

parks.raleighnc.gov/athletics