INFORMATION ON THIS FORM MUST BE COMPLETELY FILLED OUT OR IT WILL NOT BE ACCEPTED

CITY OF CHEYENNE PARKS AND RECREATION
ADULT LEAGUE REGISTRATION FORM

INFORMATION ON THIS FORM MUST BE COMPLETELY FILLED OUT OR IT WILL NOT BE ACCEPTED

LEAGUE:2011 **Adult Lacrosse**

TEAM INFORMATION

TEAM NAME:_____

TEAM REPRESENTATIVE # 1:_____

ADDRESS:_____

CITY:_____ ZIP:_____

CELL PHONE:_____WORK PHONE: _____

HOME PHONE:_____

E-MAIL: _____

TEAM REPRESENTATIVE # 2:_____

ADDRESS: _____

CITY:_____ ZIP:_____

CELL PHONE:_____ WORK PHONE:_____

HOME PHONE:_____

E-MAIL: _____

LAST YEAR'S TEAM INFORMATION

LAST YEAR'S TEAM NAME: _____

LAST YEAR'S DIVISION: _____

LAST YEAR'S FINAL STANDINGS: _____

LAST YEAR'S GAME RECORD: _____

NUMBER OF RETURNING PLAYERS: _____

DIVISION PREFERENCE

Teams will be assigned to divisions based on the information provided on this form. If information is left blank, League Directors will assume the player/team has upward mobility concerning divisional placement. Indicate your 1st and 2nd choice for the division you can compete in, not just win. Number of divisions may vary from what is shown, due to registration.

[ ] I – Excellent Team Ability
[ ] II – Very Strong Team Ability
[ ] III – Strong Team Ability
[ ] IV – Good Team Ability
[ ] V – Average Team Ability
[ ] VI – Below Average Team Ability
[ ] VII – Weak Team Ability
[ ] VIII – Poor Team Ability
[ ] IX – Very Poor Team Ability
[ ] X – Novice/Starters

SPONSOR INFORMATION

SPONSOR/CONTACT PERSON:_____
ADDRESS:_____
CITY:_____ ZIP:_____
CONTACT PHONE NUMBER:_____

SCHEDULING CONCERNS

_____
_____
_____
_____

OTHER LEAGUE PLAY

Please let us know what other City leagues your team is currently participating in so that we can do our best to schedule around possible game conflicts.

_____
_____
_____
_____

PLEASE FILL OUT ROSTER ON REVERSE SIDE!!