

TOWN OF CLAY RECREATION AND HUMAN RESOURCE
ADULT LEAGUE REGISTRATION FORM

LEAGUE: Men Women Coed _____ **DAY:** M Tu W Th F Sa Sun.

[Circle One]

PAYMENT: Cash _____ Personal Ck. _____ Business Ck. _____ Amount _____

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE #: _____ **WORK/CELL #:** _____

EMAIL ADDRESS: _____

CAPTAIN'S NAME: _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE #: _____ **WORK/CELL #:** _____

