



ADULT FOOTBALL REGISTRATION FORM

Please check the requested league below:

Table with 7 columns: Selection, Day, Site, Division, League Fee, USFTL Fee, Total. Lists various football leagues and their associated fees.

Please provide us with the following information:

New Team _____ or Old Team _____ What was your team's name? _____

What league did you participate in last year? _____
Day Site Division

Team Name: _____ Captain's Name: _____

Complete Address: _____
Street City State Zip

Phone Numbers: _____ E-Mail Address: _____
Home/Cell Work

Alternate Captain: _____
Name Phone: Home Work

Team Uniform Color: _____

Mail entries to: Cincinnati Recreation Commission - Athletic Division
Two Centennial Plaza, 805 Central Avenue - Suite 800
Cincinnati, OH 45202-1947

Make checks payable to: CRC - Athletics



FALL 2009

For Office Use Only

Amount Paid: \$ _____ Cash Check/Money Order # _____ Mastercard/Visa Approval # _____

If company check, name of company _____ Address _____

323 x 197 x 2770 x _____