

City of Pensacola Adult Team Registration

Please Select ONE Sport or Sport Division

Softball

- _____ Men Competitive - Mon/Wed
- _____ Men Competitive - T/Th
- _____ Men Rec - Mon/Wed
- _____ Men Rec - T/Th
- _____ Men 1-Night - Mon
- _____ Men 1-Night - Tue

_____ **Men Flag Football**

Softball

- _____ Co-Ed Competitive - Wed
- _____ Co-Ed - Mon
- _____ Co-Ed - Tues
- _____ Co-Ed - Wed
- _____ Co-Ed - Thurs

_____ **Co-Ed Kickball**

_____ **Co-Ed Flag Football**

Team Name: _____

TEAM MANAGER

TEAM REPRESENTATIVE

Name: _____

Name: _____

Home Street Address _____

Home Street Address _____

City, state Zip _____

City, state Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

E-mail _____

E-mail _____

FOR OFFICE USE ONLY

Check # _____

Cash _____

Receipt # _____

Invoice # _____

The City of Pensacola adheres to the Americans With Disabilities Act and will make reasonable modifications for access to City services, programs, and activities. Please call 435-1600 for further information. Requests must be made at least 48 hours in advance of the event in order to allow the city time to provide the requested services