CITY AND COUNTY OF BROOMFIELD
DEPARTMENT OF RECREATION SERVICES
280 Spader Way, Broomfield, CO 80020 303.464-5501
303.464-5515 FAX

MANAGER'S REGISTRATION FORM

Night _____

League # _____

CIRCLE: BB SB VB

Classification _____
(i.e.Men's DR)

(PLEASE PRINT)

TEAM NAME _____

NAME OF SPONSOR (if applicable) _____

MANAGER'S NAME _____

ADDRESS _____/ _____/ _____
City Zip

PHONE (Home) _____ (Business) _____

EMAIL ADDRESS _____

IN CASE WE CANNOT CONTACT YOU, PLEASE INDICATE THE ASSISTANT MANAGER:

NAME _____

PHONE (Home) _____ (Business) _____

EMAIL ADDRESS _____

HAVE YOU MANAGED A TEAM IN BROOMFIELD BEFORE? Yes _____ No _____

IF YES, WHAT LEAGUE? _____TEAM NAME _____

WHAT OTHER LEAGUE HAVE YOU PARTICIPATED IN BEFORE? _____

WHAT RECREATION DEPARTMENT? _____

ENCLOSED IS MY $ _____ NON-REFUNDABLE ENTRY FEE.

I DO HEREBY AGREE TO ABIDE BY ALL THE RULES, REGULATIONS AND CODE OF CONDUCT OF THE CITY AND COUNTY OF BROOMFIELD SPORTS PROGRAM.

MANAGER'S SIGNATURE _____

DATE PAID _____ AMT. PAID _____ CASH _____ CHECK# _____

CHARGE ACCOUNT # _____ EXP. DATE _____ INIT. _____