CAROLOINA BEACH CO-ED KICKBALL LEAGUE
REGISTRATION FORM

TEAM NAME:_____

SHIRT COLOR:_____

CAPTAIN:_____ PHONE:_____

E-MAIL:_____

CO-CAPTAIN:_____PHONE:_____

E-MAIL:_____

I hereby state that all documentation turned in by me upon registering is correct to the best of my knowledge. In addition, I have read and agree to the TOWN OF CAROLINA BEACH Co-Ed Kickball Rules and Code of Conduct and enclosed a check or money order payable to “TOWN OF CAROLINA BEACH”.

Signature: _____

Date: _____