

**CITY OF REYNOLDSBURG
PARKS & RECREATION DEPARTMENT
7232 E MAIN ST
REYNOLDSBURG OH 43068
ADULT SPORTS TEAM REGISTRATION
Phone (614) 322-6806 Fax (614) 322-6880**

Team Name _____

Coach's Name _____
(Primary Contact for Team)

Coach's Address _____

City _____ Zip _____

Coach's Phone (H) _____ (W) _____ (Cell) _____

(E-Mail) _____

Team Sponsor _____

Sponsor's Address _____

Sponsor's Phone _____

Assistant Coach _____

Assistant Coach's Address _____

City _____ Zip _____

Asst Coach's Phone (H) _____ (W) _____

Previous Year League Assignment _____

Requested League Assignment for this Season _____

(For Parks & Recreation Department Use)

Date Registration Form Received _____

Amount of Team Entrance Fee Paid with Registration _____ Date _____

Amount of Balance Due _____ Paid Amount _____ Date _____

Date Eligibility Roster Received _____

Date of Approval _____ Approved by _____