



## Team Registration Form

This Registration Form must be completed and turned in to the Parks and Recreation office to accept payment. Email to [parks@victoriatx.gov](mailto:parks@victoriatx.gov), fax to (361) 485-3212, or turn in at our office located at 532 McCright Dr. Victoria, TX 77901.

First & Last Name: \_\_\_\_\_ Are you the team manager? (Yes/No)? \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Email (Required): \_\_\_\_\_

Team name: \_\_\_\_\_

Team Manager / Register's Signature: \_\_\_\_\_

Please check the corresponding box to the sport and league you are registering for.

<b>Cornhole</b>	
<input type="checkbox"/> Wednesday Night	<ul style="list-style-type: none"> <li>8 Game Guarantee</li> <li>Games are played on Wednesday nights starting May 5<sup>th</sup>.</li> </ul>
<b>Washers</b>	
<input type="checkbox"/> Wednesday Night	<ul style="list-style-type: none"> <li>8 Game Guarantee</li> <li>Games are played on Wednesday nights starting May 5<sup>th</sup>.</li> </ul>

Player 1 (Print & Sign): \_\_\_\_\_

Player 2 (Print & Sign): \_\_\_\_\_

Email of 2<sup>nd</sup> player: \_\_\_\_\_

Alternate Player (Print & Sign): \_\_\_\_\_

Office Use Only	Payment Amount	Date of Payment	Receipt Number
	\$	/ /	#