**Bowling Green Parks and Recreation**
**NEW TEAM FORM**
**1245 W. Newton Road, Bowling Green, OH 43402**
**Phone: (419)354-6223 Fax: 419-352-2717 Email: bgparks@bgohio.org**

**Date:** _____

**Manager's Name:** _____

**Address:** _____**City:**_____**State:**____**Zip:**_____

**Home Phone**:_____**Work Phone:**_____

**Cell Phone:**_____**Email**:_____

**SPORT:** BKB VBALL SAND VB OTHER _____

**League Options:** MENS WOMENS COED YOUTH BOYS YOUTH GIRLS

**Adult League Level**: Competitive Recreational (For Fun)

**Youth League Grade Level**: _____

**Days of the Week:** Sun. Mon. Tues. Wed. Thur. Fri. Sat.

**Team Name:** _____

**I verify the information listed above is correct and I accept the league position as indicated above and understand that the deposit is non-refundable.**

_____
**Signature** **Date**

**OFFICE USE ONLY:**

**Date Form Received:** _____ **Staff Initials:** _____

**League Assigned:** _____

**League Fee Date Paid:** _____ **Amount Paid:** _____ **Staff Initials:** _____

**Remaining League Fee Due:** _____ **Receipt #:** _____

**Check:** _____ **Cash:** _____ **CC:** _____ **Exp. Date** _____

**Receipt #:** _____