



Bowling Green Parks and Recreation RETURNING TEAM FORM



1245 W. Newton Rd., Bowling Green, Ohio 43402
Phone: (419) 354-6223 Fax (419) 353-6535 email: bgparks@bgohio.org

Date: _____

Managers Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

SPORT (CIRCLE ONE): SFTBL BSKBL VOLLYBL SANDVB OTHER: _____

League Options: MEN'S WOMEN'S COED CHURCH POWER REC

Level: UPPER MIDDLE LOWER

Day(s) of the Week Options: SUN MON TUES WED THUR

Switching Team Preference: League Level Day of the Week

1st Choice _____

2nd Choice _____

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: _____

Deposit Date Paid: _____ Deposit Amount: _____ Staff Initials: _____

Check: _____ Cash: _____ CC: _____ Exp. Date: _____ Remaining League Fee Due: _____

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

Check: _____ Cash: _____ CC: _____ Exp. Date: _____ Remaining League Fee Due: _____

BGUA Date Paid: _____ Fee Amount: _____ Staff Initials: _____

Check: _____ Cash: _____

USSSA #: _____