



Adult Broomball 2011-12 Registration

Team Name: _____ Last Year's Name: _____
 Manager Name: _____
 Home Phone: _____ Work Phone: _____
 E-mail (optional): _____ Fax: _____
 Address: _____
 City / State: _____ Zip: _____

REGISTRATION FEE: 7-week schedule

All Leagues \$390 per team

- Our team needs players
- Our team **DOES NOT** need players

- Returning Team (deadline Nov. 21)
- New Team (deadline Dec. 2)

I understand that if I withdraw my team from the league after the schedules have been drawn that I forfeit the entire registration fee. The Parks and Recreation Department often take pictures, slides, and videotape of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks, and staff training. I grant permission to use the name, pictures, and quotes of my team for the above purposes. Sign and return this form with your check made payable to the City of St. Louis Park, to the address listed below.

Signature of Team Manager

Adult Men's & Co-Rec 6-Person Leagues

Mondays: Dec. 12 - Feb. 6	
Activity #6224	Men D - \$390
Tuesdays: Dec. 13 - Jan. 24	
Activity #6225	Men C/D - \$390
Activity #6226	Co-Rec D-\$390
Thursdays: Dec. 15 - Jan. 26	
Activity #6227	Co-Rec Upper C/D - \$390
Activity #6228	Co-Rec Lower C/D - \$390

**All games played at Nelson Rink
2500 Georgia Ave., St. Louis Park 55416**

PAYMENT

League Fee	\$ 390.00
Less Credit Voucher #	- \$
Total Amount	\$

I understand that if I withdraw my team from the league after the schedules have been drawn, I forfeit the entire registration fee. **Sign and return this form with your money (checks made payable to the City of St. Louis Park) to the address listed below.**

Signature of Team Manager

Date

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Office Use Amount: _____ Staff Initials: _____ Date: _____

Payment Method: Cash _____ Check _____ Check # _____ Written by: _____

Visa _____ Mastercard _____ Credit Card #: _____ Exp. Date: _____

Cardholder Signature: _____ Print Name: _____