

Department of Parks & Recreation

Official Team Registration Roster Form

Team Name _____ Uniform Colors: _____ / _____

Age Division: (Circle one)

Girl's 8U, 10U, 12U, 14U, 15-17 **Boy's** 8U, 10U, 12U, 14U, 15-17

Head Coach _____

Asst. Coach _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Cell # _____ Alt # _____

Cell # _____ Alt # _____

Email _____

Email _____

ACTIVITY REGISTERING TO PARTICIPATE (check one)
Year _____

Battlefield Baseball _____ Cartoon Basketball _____ Flag Football _____ Metro Jackson Softball _____ Slammin Jammin Basketball _____

	Player's Name	Age	Date of Birth	For office use only: Registration (X)	For office use only: Birth Certificate (X)	For office use only: Photo (X)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

1000 Metrocenter Suite 104 - Jackson, MS 39209 - (601) 960-0471

For Office Use Only:

Money Order or Cashier's Check Only

Coordinator's Initials: _____

Payment \$ _____	Receipt # _____	Check # _____	MO # _____
Payment \$ _____	Receipt # _____	Check # _____	MO # _____
Payment \$ _____	Receipt # _____	Check # _____	MO # _____