

CITY OF LONGMONT RECREATION & GOLF SERVICES TEAM ENTRY FORM – 2022 ADULT KICKBALL

TEAM NAME (requ	<u>iired)</u> :				
Manager:	Email _				
Primary Phone:		_ Secondary P	hone:		
Address:	(Cit	у)	(State)	(Zip)	
Manager:	Ema	il			
Primary Phone:		_ Secondary P	Secondary Phone:		
Address:	(Cit	y)	(State)	(Zip)	
fully registered. I u team in the above r payment in full. By signing below, I	_	try fee <u>will not</u> b Team Manager l at as the manage	e refunded am respon	d if I fail to enter a	
Signature		_	 Date		
	2022 ADUL	T KICKBAL	L FEES		
LEAGUE:	SPRING	SUMMER		FALL	
	\$340 EARLY-BIRD (\$170 EARLY-BIRD (- · · - · · · · · · · · · · · · · · · ·	•	\$ \$	
EXTRA PLAYER FI	EES (17+ PLAYERS) ₋ TOTAL			\$ \$	
RECEIVED BY: _	[DATE RECEIVE	D:	CITY OF	

LÓNGMONT

Longmont

Recreation & Golf Services