

League Registration Form

league *form*

RETURN THIS FORM WITH FEE TO: KPR PO Box 1180 / Kearney, NE 68848 / 2005 1st Avenue / 308-237-4644 / Mon. - Fri. 8am-5pm / www.cityofkearney.org

Method of Payment Check Enclosed Cash enclosed Make Checks Payable to "City of Kearney"

Visa® Mastercard® Discover® Credit Card # _____ Exp. Date _____ CCV# _____
3 DIGIT CODE ON BACK OF CARD AUTHORIZED SIGNATURE

CAPTAIN'S NAME	HOME PHONE	WORK PHONE	EMAIL
ADDRESS	CITY	STATE	ZIP
ASSISTANT CAPTAIN'S NAME	HOME PHONE	WORK PHONE	EMAIL



SPORT	LEAGUE (BE SPECIFIC)	TEAM NAME	FEE

Special Scheduling Request (not guaranteed) _____ TOTAL \$

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE LEAGUE UNLESS OTHERWISE NOTIFIED.

GOOD SPORTSMANSHIP: As a captain I am responsible for my team. I will recruit players who display good sportsmanship. I will be the spokesperson for my team and will follow all league rules and regulations at all times.

REGISTRATION DEADLINES: Registration forms sent through the mail must be received by the registration deadline indicated.

CAPTAIN'S SIGNATURE: _____ **Date:** _____

Official Use