

2021 Spring Pickleball Registration (DOUBLES)

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 _____ DOB _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____



Partner's Name (if applicable) _____ HOME PHONE _____ DOB _____ EMAIL _____

Please mark: <input type="checkbox"/> Men's Doubles <input type="checkbox"/> Women's Doubles <input type="checkbox"/> Division(A/B/C)	FEE _____ _____
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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