

# Galloway Hammond Recreation Center Flag Football Registration Form

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

## *Contact Information*

Team Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Phone #: (Work) \_\_\_\_\_ Phone #: (Work) \_\_\_\_\_

Phone #: (Other) \_\_\_\_\_ Phone #: (Other) \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

## *Team Information*

Player Name	Phone Number	Email	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____

## *Method of Payment (No Refunds)*

Check / Credit / Cash      Amount \_\_\_\_\_

Galloway Hammond Employee

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

Print

Signature

Date