

SAN CARLOS PARKS AND RECREATION

# SPRING CORNHOLE

BEGINS WEDNESDAY MARCH 27TH &  
THURSDAY MARCH 28TH  
2 GAMES PER DAY, 8 WEEKS TOTAL  
\$160 PER TEAM

REGISTRATION DEADLINE: MARCH 10TH

## BURTON PARK



**TO REGISTER**

[WWW.QUICKSCORES.COM/CITYOFSANCARLOS](http://WWW.QUICKSCORES.COM/CITYOFSANCARLOS)  
OR EMAIL [ATHLETICS@CITYOFSANCARLOS.ORG](mailto:ATHLETICS@CITYOFSANCARLOS.ORG)  
FOR MORE INFORMATION.

**CITY OF SAN CARLOS PARKS &  
RECREATION DEPARTMENT ADULT  
CORNHOLE  
TEAM REGISTRATION FORM**

<p>_____ Wednesday _____ Thursday</p>	<p><b>Please list the days you prefer from 1 (most preferred) to 2 (least preferred).</b></p>
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**Team Name:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Manager's Email:** \_\_\_\_\_

**Asst. Mgr./(Other Contact):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Asst. Mgr. Email: Sponsor** \_\_\_\_\_

**(if any):** \_\_\_\_\_

**Returning Team?** \_\_\_\_\_

**New Team?** \_\_\_\_\_

**Fees:** Please submit one check written out to the City of San Carlos, exact amount of cash, or Visa/MasterCard

\_\_\_\_\_ **\$160**

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**Amount Paid by:** Cash \_\_\_\_\_ **Check #** \_\_\_\_\_

**VISA/MC #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Payee's Name** \_\_\_\_\_

**Notes:**

## San Carlos Parks & Recreation Adult Cornhole

I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of a third-party application (e.g. Zoom, Google Meet, etc.) at their own risk. Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

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

Manger's Name: \_\_\_\_\_

League: \_\_\_\_\_

Year & Season: \_\_\_\_\_

	Name	Email	Phone Number	City of Residence	Signature
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