

Adult Athletic Leagues Registration and Payment Form

Team Name:		Sport:		
League:		Division:		
) APPLICABLE NON-RESIDEN RTHBROOK PARK DISTRICT	ULD BE FILLED OUT BY THE CRED IT AND FORFEIT FEES. PLEASE FOR REASONS OF LEAGUE CA OR THE ENTIRE PAYMENT. COMBI	NOTE THAT THI NCELLATION OF	S PAYMENT IS I	NON-REFUNDABLE UNLESS BY JUSTMENT. VISA/MASTER CH.
Name:		Email:		
Address:		City:		
Zip Code:	Home Telephone:		Work/Cell:	
League Fee Amount:		Check #:		
Forfeit Fee Amount:	Check #	Check #		
Total Payment:	Credit Care	d Information:		
Visa Discover		Mast	Master Card American Ex	
Name on Card:		Expiration Date:		
Transaction Signature:		Total Charge Amount:		
	Credit Ca	ard Number:		
	Security Co	de (3 or 4 #'s)	:	
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