

Note: Information on this form can be saved with Acrobat Standard or Professional only. If you had entered data using Acrobat Reader, please print this file before closing.

CITY OF SACRAMENTO DEPARTMENT OF PARKS AND RECREATION RECREATION DIVISION

NAME (First and Last)	HOME ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

NAME (First and Last)	MAILING ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
TEAM MANAGER					
ALTERNATE CONTACT					

TEAM NAME	LEAGUE FEE	RECEIVED BY
	EXTRA FEE(S)	DATE
	TOTAL FEES	

CREDIT CARD PAYMENT SLIP
 AMOUNT PAID: _____ NAME (AS IT APPEARS ON CARD): _____
 CHARGE CREDIT CARD (Please Circle): VISA MASTERCARD
 CREDIT CARD # _____
 CARD EXPIRATION DATE: ____/____ (mm/yy) 3 Digit Verification Code (Back of Card-Last 3 Numbers) _____

Signature: _____ Email Address: _____