



Adult Sport Captain's Card

YEAR: _____

SPORT: _____

DIVISION: _____

(Be specific-Coed, Men, Women, & Level)

**Divisions may be combined if team minimum is not reached.*

Office Use Only

Date: _____

Amount Pd: _____

Cash Credit

Check # _____

Team Name: _____

Captain's Name: _____

Address: _____

_____ City State Zip

Home Phone: _____ Cell Phone: _____

Resident Team

Non-Resident Team

*more than half team members must live in Lancaster City or Township for a resident team

Email: ***(must be included)*** _____
