



YEAR: _____
SPORT: _____
DIVISION: _____

| |
|--|
| Office Use Only Date: _____ Amt. Pd.: _____ Ck.#: _____ |
|--|

Name of Team _____

Captain's Name _____

Address _____

City

Zip

Telephone (Daytime) _____ (Evening) _____

Resident Team _____ Non-Resident Team _____

*more than half the team members must live in Lancaster City or Township to be considered resident team.

E-mail (must be included) _____
