



KENTWOOD PARKS & RECREATION DEPARTMENT
 355-48TH STREET SE KENTWOOD, MI 49548
 OFFICE PHONE (616) 656-5270 OFFICE FAX (616) 656-5282

ADULT SPORTS LEAGUE ENTRY FORM

Sport	Season	League	Division	Playing Day
<input type="checkbox"/> Basketball _____	<input type="checkbox"/> Fall	<input type="checkbox"/> CoRec	<input type="checkbox"/> Municipal A/B	<input type="checkbox"/> Sunday
<input type="checkbox"/> Football _____	<input type="checkbox"/> Spring	<input type="checkbox"/> Men's	<input type="checkbox"/> City I C	<input type="checkbox"/> Monday
<input type="checkbox"/> Hockey _____	<input type="checkbox"/> Summer	<input type="checkbox"/> Women's	<input type="checkbox"/> City II D	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Softball _____	<input type="checkbox"/> Winter		<input type="checkbox"/> Recreation E/F	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Soccer _____	Session	Game Times		<input type="checkbox"/> Thursday
<input type="checkbox"/> Volleyball _____	<input type="checkbox"/> Session I	<input type="checkbox"/> Morning League		<input type="checkbox"/> Friday
<input type="checkbox"/> Other _____	<input type="checkbox"/> Session II	<input type="checkbox"/> Evening League		<input type="checkbox"/> Saturday

Prioritize your 1st and 2nd choices

Entry form can not be taken unless all information is completed and fees are paid in full. No refunds unless league is cancelled.

Team Information

Team Name _____

Manager Name _____

Mailing Address _____

Home Phone _____ Work/Cell _____

Email _____

Fax Number _____

Assistant Manager Name (Required) _____

Assistant Mailing Address (Required) _____

Home Phone _____ Work Phone _____ Fax _____

Sponsor Information-If your team is sponsored by a business or someone other than yourselves, or if a receipt is to be issued, the following information is mandatory. No receipt for company use or any other privileges will be honored unless properly filled out.

Sponsor Name _____

Sponsor Address _____

Authorizing Agent _____

Title _____

Sponsor located in Kentwood or Kentwood School District?

[Yes] [No]

Sponsor located in Kelloggsville School District?

[Yes] [No]

Scheduling Requests

Include in this space any scheduling requests for the season. Please keep in mind these are requests and not guarantees. No request will be considered unless a reason is given. Please do not abuse this privilege.

Office Use Only

Date _____ Time _____

Entry fee received _____

Cash Charge Check# _____

Non-Resident fees received _____

Company check [Y] [N] Staff initials _____

Previous Experience

The Parks and Recreation Department reserves the right to place teams in divisions that we feel you will be the most competitive. Any information found to be misleading will cost the team their league championship or continued participation without refund.

Number of players on your team roster? ____

Average age ____ How many played a high school sport? ____ College ____ Average number of years your players have been playing this sport ____ Has 25% or more of the players above played on the same team before? ____ If yes Team name _____

What community or league did you play? _____

How many of your players play in at least (2) or more leagues during the same season? ____