



City of Gainesville
Department of Parks, Recreation and Cultural Affairs
Recreation Division



Adult Sports Team Information

Season _____ Year _____ Sport _____ Division _____

Team Name: _____ Last years name if different: _____

Managers Name: _____ Phone (H): _____ Phone (W): _____

Mailing Address: _____ City: _____ Zip: _____

Do you want the Recreation Division to give your name to individuals seeking a team. Yes _____ No _____

-Team History Information-

Last years team name: _____ Division: _____ Record (W) _____ (L) _____

How many returning Players _____ Last years team managers name _____

Has this team played in any PRCA sponsored league _____ when _____ Record (w) _____ (L) _____

FOR OFFICE USE ONLY

Team Fee:\$ _____ Receipt #: _____ By: _____ Date: _____

Individual Fee: \$ _____ Receipt #: _____ By: _____ Date: _____