



Adult Kickball League – Registration Form & Team Roster

Team Captain: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

Town: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Team Name: _____
Credit Card #: _____ Exp. Date: _____

Team Roster

Name	Phone	Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

**Please mail or drop off form to:
Recreation & Community Education
17 West Street, Freeport ME 04032**