

FORSYTH COUNTY PARKS AND RECREATION
ADULT SUMMER BASKETBALL - COMMITMENT FORM

LEAGUE OPTIONS - Select one option in each box			
CATEGORY	LEAGUE	DIVISION	DAY
<input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Co-Ed	<input type="checkbox"/> Open <input type="checkbox"/> Church <input type="checkbox"/> 35 & over (C div only)	<input type="checkbox"/> Rec <input type="checkbox"/> Comp	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday

TEAM NAME: _____

MANAGER: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

ASSISTANT MANAGER: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

CHURCH ONLY – LIST CONFLICTING DATES: Team will get the last game of the night for the dates listed
 Spring revival dates: _____
 Summer revival dates: _____
 Bible school dates: _____

By turning in money and this commitment form, I the undersigned, acknowledge that my team intends to participate and will not receive a refund under any circumstance. I have also received a team packet and will abide by all the rules and regulations set forth by the Forsyth County Parks and Recreation Department.

SIGNATURE REQUIRED: _____

FOR OFFICE USE ONLY:	
ENTRY FEE: _____	PAID BY: _____
DATE: _____	CHECK #: _____ RECEIPT #: _____
RECEIVED BY: _____	