LOWER PAXTON PARKS & RECREATION
5000Commons Drive, Harrisburg, PA 17112 Phone 657-5635

Date: _____ R or NR
Check # _____ CC_____ Cash_____
Number _____ of _____

2009 Fall League

ADULT FLAG FOOTBALL LEAGUE ROSTER
TEAM ENTRY APPLICATION

FEE: $400.00 Resident $440.00 Non-Resident

Return this form with payment to the Recreation Office August 3 - 14, 2009between the hours of 8 a.m. - 5 p.m.

TEAM NAME: _____TEAM COLOR: _____ SPONSOR: _____ R or NR

Name (Print/Type)	Address (Street, City, & Zip)	LP Res	Telephone (D-Day/E-Evening)	Jersey No.	Signature (sign upon playing first game)	Date Added
Manager						

Space for additional team players available on reverse side.

I hereby certify that the above information is correct and that I have read & agree to all the rules & regulations of the Flag Football.

Manager _____ Managers Signature _____ ***EMAIL ADDRESS:**

**All Players listed must have complete address, jersey & telephone numbers, and (X) if Lower Paxton resident, if applicable. Minimum seven (7) players on roster, maximum.15

Name (Print/Type)	Address (Street, City, & Zip)	LP Res	USAV REG ?	Telephone (D-Day/E-Evening)	Jersey No.	Shirt Size	Date Added