

Date Received _____
Amount Paid \$ _____
Check # _____
Receipt # _____

**2016 Adult Co-Rec Kickball
Summer League Registration Form
(Matches June – August)**

League Fee: \$125 per team registration

Period: May 1 – 22, 2016

PLEASE PRINT

TEAM NAME _____

MANAGER NAME _____

STREET ADDRESS: _____

CITY _____ **STATE** _____ **ZIP** _____

PRIMARY PHONE NUMBER _____

EMAIL ADDRESS* _____

***League schedule and other league information will be sent to each team manager's email address. Season begins June 1, 2016.**

Registration is accepted by team only. Team rosters may not include players under 16 years of age. League size is limited. Registrations are accepted on a first-come, first-served basis. Teams may submit registration forms through the mail or in-person to the Athletic Department at the address below.

**Lexington-Fayette Urban County Government
Lexington Parks & Recreation Athletic Department
545 North Upper St.
Lexington, Kentucky 40508
Phone: (859) 288-2915 Fax: (859) 254-0142
www.lexingtonky.gov**