

# 2015/2016 Broomball Mail-In Registration Form

(For use with sponsorship checks only.)

Entry Fee must accompany this form. **Only one (1) form of payment will be accepted. No MONEY ORDERS or PERSONAL CHECKS.**

Please make sponsorship checks payable to:

**Municipal Athletics**

1500 N. Rice St.

St. Paul, MN 55117

(Office Use Only):

Date Received \_\_\_\_\_

Amount \_\_\_\_\_

Check# \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initials \_\_\_\_\_

Team Name \_\_\_\_\_

Managers Name \_\_\_\_\_

Email Address (*schedules will be emailed*) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Eve Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Division of play	Men's	Women's	Co-Rec
Day of Play/Class	Mon D+ #8589	Thurs C/D #8591	Mon C #8587
	Mon D #8588		Tue D #8592
	Tue D+ #8594		Thurs D #8590
	Tue D #8593		Fri C #8585
	Wed D+ #8596		Fri D #8586
	Wed D #8595		

Are you a returning team from last year? Yes No

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

\_\_\_\_\_  
Manager/Team Representative

