# 2025 OFFICIAL ADULT COED KICKBALL TEAM ENTRY CONTRACT

#### A. Team Name

Our group wishes to enter a team to be known as:

B. League

(print team name)

\_ in the league.

Thursday 5/8 – 8/14 No Games July 3<sup>rd</sup>

## C. Fees

## Team Entry Fee 100% City of Waukesha Resident Team: \$460 Non-Resident Team: \$480

## \*\*NOTE: Team entry fee MUST accompany this contract. Checks can be made payable to: WPRF

### C. Team Sponsor

To be accepted, this part MUST be completed and signed by the team sponsor.

Sponsor's Name	(please print):				
Sponsor's Signat	ure:				
	S:				
City:			Zip:		
Business Phone:		Home Phone:	Home Phone:		
Email Address:					
-	do hereby appoint: ( <i>Person list</i> ager (party responsible for pay		stered player with the tea	am listed above.)	
Manager's Name	(please print):				
Manager's Signa	ture:				
Home Address:					
City:		_Zip:	Date of Birth:		
Primary Phone:		Home Phone:	Home Phone:		
Email Address:					
	ddress (please print clearly):				
PLEASE NO	TE: ALL TEAMS WILL BE NO	TIFIED VIA EMAIL ABOUT M	AKE-UPS. PLEASE MA	AKE SURE TO	
	PROVIDE AN EMAIL ADDRESS UNDER THE TEAM MANAGER INFORMATION				
More well More well	**OFFICE USE ONLY! TEAM ENTRY FEE: Receipt #: Amount: Date: Initials:	Amount: Date:		CAPRA ACCREDITED	