

Head Coach Name: _____ Team Name: _____ Grade: _____

- If there are any players on this team who need ADA accommodations, please call the Sports Complex office at 913-685-6030.
- Are there any players on this team who have any serious allergies? If so, please explain.

(Office Use Only)

◆◆◆PAYMENT◆◆◆

Please make checks payable to Blue Valley Recreation Commission (BVRC)

\$705.00/per team – Grades 1 (Coach Pitch), 2 & 3 (Machine Pitch) (code: 263011-01) \$1065.00/per team – Grades 3-8 (Player Pitch) (code: 263011-02)

_____ Cash _____ Check _____ MasterCard _____ Visa _____ Discover _____ American Express

Total Amount Paid \$_____ Card/Check#_____ Exp._____ CVV Code _____

Name of Cardholder _____

Signature of Cardholder _____

Address of Cardholder if different than Head Coach _____

Phone # of Cardholder if different than Head Coach _____ Registrar _____ Date _____