



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.

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*(Office Use Only)*

**◆◆◆PAYMENT◆◆◆**

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

\$605.00/per team – Grades 2 & 3 (code: 263056-01)

\$715.00/per team – Grades 4-8 (code: 263056-02)

\_\_\_\_\_ 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 \_\_\_\_\_