**2020 FALL Coed Kickball League (7-week seasons)**  
Teams consist of 10 players (5 men/5 women). Game ball is provided. Five weeks of games played on either Friday, or Sunday. Game times start between 6:30-9:30 on Fridays or 4:00-10:00pm on Sundays. Registration opens July 15 (No games October 16 & 18)

### TEAM REGISTRATION FORM

**Please circle your preferences.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Day</th>
<th>Start Date</th>
<th>Team Fee</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>262016-01</td>
<td>Friday</td>
<td>September 11</td>
<td>$295</td>
<td>August 28</td>
</tr>
<tr>
<td>262016-02</td>
<td>Sunday</td>
<td>September 13</td>
<td>$295</td>
<td>August 28</td>
</tr>
</tbody>
</table>

- **Age range of your team:** From _______ to _______
- **Enrollment Notes:** ____________________________________________________________________

**Team Name:** ____________________________  
**Manager’s Name:** ____________________________

**Address:** ____________________________  
**City:** ____________________  
**St:** ____  
**Zip:** ________

**Home Phone:** (______)  
**Work Phone:** (______)  

**Primary E-mail:** ____________________________  
**alt. E-mail:** ____________________________

### PAYMENT INFORMATION

**Payee Name:** ____________________________  
**Phone:** (______)  

**Address (if different from Manager):** ____________________________  
**City:** ____________________  
**St:** ____  
**Zip:** ________

**Code:** ____________________________  
**Team Fee:** ____________________________

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<td>Visa</td>
<td>MasterCard</td>
<td>Discover</td>
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</tbody>
</table>

**Card / Check Number:** ____________________________  
**Expiration:** ________  
**CVV Security Code:** ________

**Payee/Cardholder Signature:** ____________________________  
**Date:** ________

Mail or deliver to: Blue Valley Recreation, 9701 W. 137th Street, Overland Park, KS 66221  
Phone: 913.685.6030  
FAX: 913.685.6031  
www.bluevalleyrec.org