

Filing Date: _____

Filing Time: _____

Lima Parks & Recreation Division

Adult Team Application Form

Name of Team: _____

Name of Sponsor: _____

Team Manager: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email _____

Assistant Manager: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email _____

League Played in Last Year: _____

(If a new team, write "NEW")

First Choice of League This Year: _____ Second: _____

Sport: Check One MEN WOMEN COED

Softball () () ()

Volleyball () () ()

IF YOUR TEAM HAS ANY SPECIAL REQUESTS PLEASE LIST THEM BELOW, WE WILL TRY TO ACCOMIDATE YOU BUT THERE ARE NO GUARANTEES:
