

Registration Deadline/ Fees:

Early Registration: October 27th-December 5th

Cost:\$260

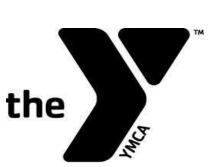
Late Registration: December 6th-December 19th

Cost:\$275

League starts January 4th, 2015

All games are played on Sundays, with game times starting at 1:00pm

Team rosters must be submitted to the program director by January 2nd,2015
Teams must provide Jerseys/ Shirts with numbers on them.



FOR MORE INFORMATION CONTACT PROGRAM DIRECTOR:

TALISHA WASHINGTON

PHONE: 573-642-1065

EMAIL: twashington.ymca@sbcglobal.net

TEAM REGISTRATION FORM

| Name of Team: | | |
|---|--|--------|
| Coach: | Asst. Coach: | |
| Address: | | |
| Phone: | E-Mail: | |
| Callaway County and its respective officers, employees, vol | ay County, I do hereby agree to hold free from any and all liability the YMCA of unteers and members, and do hereby for myself, my heirs, executors and admights for damages which I may have or which may hereafter accrue to me arising the YMCA of Callaway County. | ninis- |
| | nd suffering from no condition or illness that would prevent my participation in at I have either had a physical examination and have been given my physician's late in this activity without the approval of my physician. | |
| Team Roster: (Please include team members n | name, players uniform number, player signature) | |
| Team Name | Player Signature | |
| 1 | # | _ |
| 2 | # | |
| 3 | # | |
| 4 | # | |
| 5 | # | |
| 6: | # | _ |
| 7: | # | _ |
| 8: | # | |
| 9: | # | |
| 10: | # | _ |
| 11 | # | |
| 12 | # | _ |

TEAMS ARE RESPONSIBLE FOR UNIFORMS