## SMYRNA PARKS AND RECREATION DEPARTMENT COED OUTDOOR LEAGUE TEAM APPLICATION

TEAM NAME:		
TEAM MANAGER		
ADDRESS		
CITY	ZIP	
HOME PHONE		
WORK PHONE		
CELL OR PAGER		
FAX NUMBER		
E-MAIL		

LEAGUE TYPE	Co-Ed Outdoor Competitive			
# OF TEAMS	6 or 7			
# OF GAMES	3 games per night			
LOCATION &	Tolleson Park Thursdays 7:00 8:00 & 9:00 time slots.			
DAYS OF PLAY	Teams start time will vary week to week.			
LEAGUE FEE	\$150			

Please fill out this form and return it with payment to:
Broddrick Archie Athletic Coordinator City of Smyrna.
200 Village Green Circle P.O. Box 1226 Smyrna, GA 30081
770-431-2842 / Fax 770-431-2865 barchie@ci.smyrna.ga.us

## SMYRNA PARKS AND RECREATION DEPARTMENT COED OUTDOOR LEAGUE TEAM ROSTER

**TEAM NAME** 

TEAM MANAGER			CELL O	R PAGER #		
	HOME PHONE			WORK PHO	ONE	
ADDRESS				CITY/ZIP	•	
ASST. MANAGER	CELL			R PAGER #		
	HOME PHONE			WORK PHO	ONE	
ADDRESS				CITY/ZIP		
NAME	A	ADDRESS / CITY / ZIP			HOME #	WORK#