2017 RocKickBallers @ Cobb's Hill Team Registration Form

Team Name:	
Manager Name:	
Manager Address:	
City: Sta	ate: Zip:
Manager Phone: Email Ad	ldress:
Asst. Manager Name: Asst.	Manager Phone:
Asst. Manager Email: League Type (circle preferred night of play under desired league type): • Coed – Tuesday – Thursday Skill Level (circle one): Social – Competitive	
Please indicate level of play so we can do our be Please Make Check Payable to: City Treasurer 400 Dewey Avenue Rochester, NY 14613-2594 Check, Money Order, and Credit Card Only! * Payments must be paid in FULL; Only 1 form of payment accepted for league fee pay* <u>Office Use ONLY:</u> Batch #CR #MR#	est to assign well-balanced leagues 2017 Summer League Fee Info: 10 games + all teams make playoffs! \$550 per team "First come, first serve" For more information: • Email: rocsportsny@yahoo.com • Phone/Text: Pat - (585) 455-7827 Jim - (585) 278-0654 • Website: www.rocsportsny.com
Amount: Paid By:	









City of Rochester, NY Lovely A. Warren, Mayor Rochester City Council