SUMMER RocBigBallers @ Cobb's Hill Team Registration Form

Team Name: Mana	ager Name:
Manager Address:	
City: State:	Zip:
Manager Cell: Email Address:	
Asst. Manager Name: Asst. Manager Cell:	
League Type (Pick preferred night of play under desired league type drop down): • COED:	
Please Make Checks Payable to: City Treasurer 131 Elmwood Ave. Rochester, NY 14611	Summer League Fee Info: \$750 per team for 10 game season* "First come, first serve"
If Mailing please write Attention: Mike Corey, GVP Sports Complex	For more information:Email: rocsportsny@yahoo.com

- Phone/Text: Pat (Coed/Women's) (585) 455-7827 Jim (Men's) (585) 278-0654
- Website: www.rocsportsny.com

In the event a season cannot be complete due to extreme inclement weather, no refunds will be issued. ALL efforts will be made to play each season to its full completion

Office Use ONLY:

Check, Money Order, and Credit Card Only!

* Credit Card Payments can be made by

calling the City @ 585-428-7564**

Batch # CR # MR#

Amount: _____ *Paid By:* _

Balieve.





