



KICKBALL LEAGUE TEAM & PLAYER REGISTRATION FORM

To register your team, submit this form with payment to Tricia.

Email: tricia@ypnri.com | Phone: 401.432.6923 | Fax: 401.784.9337

SIGNUP DEADLINE IS JULY 9TH. SEASON START DATE IS THURSDAY, JULY 16, 2015

TEAM NAME _____

TEAM COLORS _____

TEAM CAPTAIN:

LAST NAME _____

FIRST NAME _____

M F

PHONE _____

EMAIL _____

CO CAPTAIN:

LAST NAME _____

FIRST NAME _____

M F

PHONE _____

EMAIL _____

PLAYER INFORMATION:

LAST NAME _____

FIRST NAME _____

M F

LAST NAME _____

FIRST NAME _____

M F

LAST NAME _____

FIRST NAME _____

M F

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FIRST NAME _____

M F

LAST NAME _____

FIRST NAME _____

M F

PAYMENT INFORMATION:

Full team sponsorship: \$500

_____ players x \$25 = \$_____

CREDIT CARD

Email this form with payment info below to tricia@ypnri.com or fax to 401-784-9337

CHECK

Enclose check payable to Young Professionals Network.
Mail to: RIAR/YPN, Attn: Tricia
100 Bignall St. Warwick, RI 02888

VISA

MASTERCARD

AMEX

NAME ON CARD _____

CREDIT CARD # _____

EXP DATE _____

SEC CODE _____