

Employee Name Who takes registration form: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Flagstaff Athletic Club Team Sports Sign-up:** Teams must sign-up as a whole and pay at time of registration. **NO EXCEPTIONS**  
**Team Roster: Check one of the below sports & circle division**

**Indoor Volleyball – Min 6**

**Sand Volleyball**

[ Coed “A” | Coed “B” ]

[ Coed 4’s “A” | Coed 4’s “B” | Coed (2’s) | Women’s (2’s) | Men’s (2’s) ]

**Indoor Soccer – Min 7/ Max 10**

**Special Event Team Sport:** \_\_\_\_\_

**Team Captain:** \_\_\_\_\_ **phone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Team Name:** \_\_\_\_\_

	<b>Name</b> PLEASE PRINT CLEARLY	<b>Member</b> <input type="checkbox"/> if member and Print Club #	<b>Non-member</b> <input type="checkbox"/> if non- member and print Date of Birth	<b>Phone #</b>	<b>Payment:</b> Cash, Check, or CTA **Credit Card on back**	<b>Signature</b> for CTA
1		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
2		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
3		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
4		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
5		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
6		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
7		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
8		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
9		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			
10		# <input type="checkbox"/>	DOB: ___/___/___ <input type="checkbox"/>			

