

Office Use Only

Date Paid _____
Amt. Pd _____
Ch. # _____ Cash _____ CC _____

**Cartersville Parks & Recreation Department
Team Commitment Form**

Team Name: _____

League: (Check One)

Co-Ed _____ (competitive) _____ (recreational)

Industrial _____ (competitive) _____ (recreational)

Men's Church _____ (competitive) _____ (recreational)

Men's Open _____ (competitive) _____ (recreational)

Women's Open _____

Dates not available for play (**VERY IMPORTANT! Please check with church, company, individuals**).

Manager _____

Phone # _____

Address _____

Work # _____

E-Mail _____

Cell # _____

Asst. Mgr. _____

Phone # _____

Address _____

Work # _____

E-Mail _____

Cell # _____

I further agree to abide by the rules and regulations of the Cartersville Parks & Recreation Department and the constitution by-laws of the commission governing the sport mentioned above, and will return to sponsor, on demand, all equipment issued to me.

Signature _____

Date _____

Does your company, church, etc. need to be invoiced? _____ If yes, list contact person, email, mailing address and/or phone number. _____