



Adult Flag Football League – East Bank (6-on-6)

Please PRINT or TYPE all information.

Team Name _____ Bracket _____

Name of team last season (if different) _____

Name (Captain) _____

Address (Captain) _____

(include city and zip code)

Phone (Captain) (cell) _____ (other) _____

E-Mail (Captain) _____

Name (Assistant) _____

Address (Assistant) _____

(include city and zip code)

Phone (Assistant) (cell) _____ (other) _____

E-Mail (Assistant) _____

It is important that you enter information for an assistant captain.

I have enclosed/attached a check/cash for **\$260** which I understand covers a league entry fee of \$185 and a \$75 non-refundable insurance fee. If my team forfeits a game, I will remit an \$84 forfeit fee to JPRD to remain in the playoffs and to return as a team in future JPRD leagues. I understand that if this form, the roster and money are due at the Captains meeting. If not, I will forfeit my position in the Adult Flag Football League.

Signature of Coach _____ Date _____