



# Registration Form

Please pay the fee at City Hall- Make checks payable to "City of Carpinteria"  
Team Fee: \$350

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

**Manager's Name:** \_\_\_\_\_

\_\_\_\_\_ First Last Phone

**Address:**

\_\_\_\_\_ Street Address City Zip

**Email:** \_\_\_\_\_

**Players:**

\_\_\_\_\_ First Last Phone

1.

\_\_\_\_\_ First Last Phone

2.

\_\_\_\_\_ First Last Phone

3.

\_\_\_\_\_ First Last Phone

4.

\_\_\_\_\_ First Last Phone

5.

\_\_\_\_\_ First Last Phone

6.

\_\_\_\_\_ First Last Phone

7.

\_\_\_\_\_ First Last Phone

8.

\_\_\_\_\_ First Last Phone

9.

\_\_\_\_\_ First Last Phone

10.

\_\_\_\_\_ First Last Phone

11.

\_\_\_\_\_ First Last Phone

12.

\_\_\_\_\_ First Last Phone

13.

\_\_\_\_\_ First Last Phone

14.

\_\_\_\_\_ First Last Phone

**Team Sponsor** (if any): \_\_\_\_\_

**Amount Enclosed:** \$ \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **All team members MUST sign the Waiver**