

Skippack Township
Parks & Recreation Department
4089 Heckler Road
P.O. Box 164
Skippack, PA 19474
Phone: 610.454.0909 Fax: 610.454.1385
Email: Parks@skippacktownship.org

Bocce League Registration Form

Team Name: _____

Preferred League Night

(Game times are 6:30 and 8:00 each evening.)

_____ **Tuesday** _____ **Wednesday** _____ **Thursday**

Captain Information:

Name: _____

Age: _____ **Date of Birth:** _____ **Resident? (Yes No)**

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary phone #: _____ **E-mail Address:** _____

(Most information regarding the league will be distributed via e-mail. Captains please provide an e-mail address you check on a regular basis. Also the Primary phone number you provide will be distributed to the other team captains in the league.)

Emergency Contact:

Name: _____ **Relationship:** _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ **Date:** _____

Member 2 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 3 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 4 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 5 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 6 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 7 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 8 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 9 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

Member 10 Information:

Name: _____

Age: _____ Date of Birth: _____ Resident? (Yes No)

Street: _____ City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Cell Phone #: _____ E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

I have read and agree to abide by all league rules as well as the township park rules while participating in this township activity.

Signature: _____ Date: _____

(This information is for the use of the Recreation Department Only. It is secure and will not be shared with anyone.)

Fees:

\$25.00 - Team Registration *(including \$10.00 security deposit for key)*

\$5.00 - Each Member of the team that is a non-resident

Payment Amount: _____ Payment Method: _____

Payment Date: _____