



Fall Kickball Team Signup

Date: _____ Rep: _____

Team Information

Team Name: _____

Preferred Team Color: _____

Estimated # of Team Members: _____

Team Captain's Information

Name: _____

Phone: _____

Email: _____

Billing ZIP Code: _____

Payment Information- \$250/TEAM

CASH

CHECK

VISA

MASTERCARD

DISCOVER

Card Number: _____ Exp: _____ / _____ CVC: _____