

PLUMSTEAD

TOWNSHIP

5186 Stump Road  
PO Box 387  
Plumsteadville, PA 18949



Phone (215) 766-8914  
Fax (215) 766-9831

## KICKBALL TEAM REGISTRATION

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

Team Captain's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Registration Fee: \$400 per team

\*to be paid at time of registration

Checks made payable to: PLUMSTEAD TOWNSHIP

Teams must have a minimum of 11 players to register.

\*Signed Waivers MUST be submitted for EVERY player at time of registration.

PARTICIPANTS NAMES AND ADDRESSES (use back of sheet if needed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_