



**Augusta Recreation and Parks Department  
Adult Athletics - Team Commitment Form**

Basketball \_\_\_\_\_ Flag Football \_\_\_\_\_ Kickball \_\_\_\_\_ Softball \_\_\_\_\_ Volleyball \_\_\_\_\_

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

Head Coach/Mgr: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Asst. Coach/Mgr: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

League Preferred:

Open:	_____ MEN	_____ WOMEN
Church:	_____ MEN	_____ WOMEN
Industrial:	_____ MEN	_____ WOMEN
Co-ed:	_____ CHURCH	_____ OPEN
Senior:	_____ MEN	

New Team: \_\_\_\_\_ Returning Team: \_\_\_\_\_

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Return this form ASAP along with a FULL team fee.

Make checks payable to: Augusta Recreation & Parks Department  
P. O. Box 5605 **or** Call for drop off location – 2027 Lumpkin Road  
Augusta, GA 30916-5605  
Attn: Lida Gregg (706) 771-2980