

Pickleball Registration

league *form*

RETURN THIS FORM WITH FEE TO: KPR PO Box 1180 / Kearney, NE 68848 / 1930 University Drive / 308-237-4644 / Monday-Thursday 7:30-5:00pm & Friday 7:30-12:00pm / www.kearneyrec.org

METHOD OF PAYMENT Check Enclosed Cash enclosed Make Checks Payable to "City of Kearney"

Visa® Mastercard® Discover® Credit Card # _____ Exp. Date _____ CCV# _____
3 DIGIT CODE ON BACK OF CARD AUTHORIZED SIGNATURE

CAPTAIN'S NAME _____ CAPTIAN'S DOB _____ PRIMARY PHONE _____ WORK PHONE _____ EMAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

ASSISTANT CAPTAIN'S NAME _____ PRIMARY PHONE _____ WORK PHONE _____ EMAIL _____



SPORT	LEAGUE (BE SPECIFIC)	TEAM NAME	FEE

Special Scheduling Request (not guaranteed) _____

TOTAL \$ _____

NOTE: YOU WILL NOT BE MAILED A WRITTEN RECEIPT. ASSUME THAT YOU ARE IN THE ACTIVITY UNLESS OTHERWISE NOTIFIED.

GOOD SPORTSMANSHIP: As a captain I am responsible for my team. I will recruit players who display good sportsmanship. I will be the spokesperson for my team and will follow all leagues rules and regulations at all times.

REGISTRATION DEADLINES: Registration forms sent through the mail must be received by the registration deadline indicated.

CAPTAIN'S SIGNATURE: _____ DATE: _____

Official Use