



2022 Adult Co-Rec Kickball League Registration Form

Please complete all information on this form.

Team Name: _____ Sponsor: _____

Team Representative #1: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ E-mail: _____

Team Representative #2: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ E-mail: _____

Scheduling:

Special Requests (All attempts will be made to accommodate requests; however, they are not guaranteed):

Team Roster:

1. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

2. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

3. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

4. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

5. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

6. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

7. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

8. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

9. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

10. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

11. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

12. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

13. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

14. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

15. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

16. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

17. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

18. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

19. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____

20. Name: _____ Address: _____ Zip _____

Cell Phone: _____ E-mail Address: _____



ADULT SPORTS SPONSORSHIP FORM

COMPANY/ORGANIZATION INFORMATION:

Name of Sponsor: _____

Contact Person: _____

Contact Signature: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Business E-mail: _____

TEAM INFORMATION:

League/Sport: _____

Team Rep: _____ Phone: _____

_____ agrees to sponsor _____ for the amount of \$_____.

(Company Name)

(Team Name)

PAYMENT INFORMATION (Please check appropriate box.):

Payment included, check or money order, made payable to City Treasurer.

Will pay over the phone with a credit/debit card.

Commitment of sponsorship.

- Please confirm sponsorship by the end of the early registration period. Payment is due 10 days prior to the start of the season.
- Mail form to Kiwanis Community House (KCH) at 603 Lions Park Drive, Cheyenne, WY 82001, or email to kchstaff@cheyennecity.org.
- Payment can be made by calling (307) 637-6423 (email form to KCH), mailing a check or money order with form to KCH, or the Team Representative can deliver the form to KCH with payment.