

6-on-6 Adult Flag Football
TEAM REGISTRATION FORM

www.playntrec.com



TEAM NAME: _____

TEAM CONTACT INFORMATION:

Team Captain (First & Last Name): _____ Phone Number: _____

Address (Street, City, Zip): _____

Email Address: _____

Name (First & Last)

Address (Street, City, Zip)

Player 1: _____

Player 2: _____

Player 3: _____

Player 4: _____

Player 5: _____

Player 6: _____

Player 7: _____

Player 8: _____

Player 9: _____

----(Minimum of 9 rostered players.)

Player 10: _____

Player 11: _____

Player 12: _____

Player 13: _____

Player 14: _____

Return completed form to the NT Recreation Department
500 Wheatfield St, North Tonawanda, NY 14120
OR email to phogan@northtonawanda.org (Phone: 695-8520)

For Office Use only

Team Registration Fee (\$200.00): _____ Cash ___ Check ___ Credit Date of Payment _____

Date Liability Form Received _____