CITY OF LONGMONT RECREATION SERVICES
TEAM ENTRY FORM – 2019 FLAG FOOTBALL

TEAM NAME: _____

MANAGER: _____

Phone (Primary) _____(Secondary)_____

Mailing Address: _____

City_____ ST_____ZIP_____

E-Mail (must provide)_____

ASSISTANT MANAGER: _____

Phone (Primary) _____(Secondary)_____

Mailing Address: _____

City_____ ST_____ZIP_____

E-Mail (must provide)_____

LEAGUE OPTIONS (MARK ONE):

◯ Spring ◯ Fall

This form must be completed and submitted along with the entry fee to be considered officially registered. I understand that the entry fee will not be refunded if I fail to enter a team in the above mentioned league. By signing below I also acknowledge that as the manager, my team and I are aware of and will abide by all league rules and code of conduct as mentioned in the rules packet. Team Manager is responsible for all unpaid fees and will be ineligible to participant in any adult sports until all fees are paid in full.

_____ _____
Signature Date

2019 ADULT FLAG FOOTBALL FEES

LEAGUE FEE: **$515 EARLY-BIRD ($545 REGULAR FEE)** $ _____

OR PARTIAL FEE: **$262 EARLY-BIRD ($277 REGULAR FEE)** $ _____

EXTRA PLAYER FEES (14+ PLAYERS) _____ X $13 = $ _____ **RECEIVED BY:** _____

TOTAL PAID $_____ **DATE:** _____