



EBACC FITNESS CENTER FLAG FOOTBALL LEAGUE TEAM REGISTRATION

Web: www.ebacc-fitness.com
E-mail: flagfootball@ebacc-fitness.com
Phone: 717.259.0149 Fax: 717.259.0149

LEAGUE FEES \$175 per team, \$25 per game referee fee
Deposit: \$100 must accompany this form to hold your spot in the league.
Balance: Due before playing 1 st game.

Make checks payable to: **EBACC** (You will be charged a \$35 service fee for any check returned by the bank.)

LEAGUE START DATE: _____
TEAM NAME: _____
CAPTAIN NAME: _____ E-MAIL ADDRESS _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (DAY) _____ (EVE) _____ (CELL) _____
(*required)
CONTACT PERSON*: _____ E-MAIL ADDRESS* _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (DAY)* _____ (EVE)* _____ (CELL) _____

<u>SCHEDULE CONFLICTS:</u> After schedules are completed, reschedules are granted <u>ONLY</u> if 1) your opponent agrees 2) we have the time and space available _____

-Liability: Person(s) signing as the contact person for the team (or coach if left blank) is responsible for any balance left unpaid. Contact person must sign below to show acceptance of liability.

Contact Person: X. _____ **Date:** _____

Witness: X. _____ **Date:** _____

Official Use Only		
Date Received: _____ By: _____	Method of Payment	Check # _____
Date Posted: _____ By: _____	(Circle one) Check Cash	Amount Paid: _____
		Balance Due: _____