



MPRB ADULT BROOMBALL ~ League and Tournament REGISTRATION FORM

PLEASE READ BROOMBALL BULLETIN BEFORE FILLING OUT THIS FORM

Year: **2010** League _____
Men's _____ Women's _____ Co Rec _____
Returning Team _____ New Team _____

PLEASE PRINT OR TYPE AND FILL OUT COMPLETELY

TEAM NAME: _____

PREVIOUS NAME: _____

MANAGER: _____

*EMAIL ADDRESS: _____
(*All teams must have a working email address)

ADDRESS: _____ CITY: _____ ZIP: _____

PREFERRED PHONE: _____ 2nd PHONE _____

League Last Year: _____

League # Preferred This Year (League number can be found on Bulletin): _____

City Tournament (\$50)-circle one: YES NO

Total Payment-circle one: League fee \$285 League fee and tournament fee \$335

Office Use Only:

Date Received: _____

Payment Total: _____

If CC, date run: _____

Receipt #: _____

If by E-Mail: jbartsh@minneapolisparks.org
If by Fax: Attn: Jack Bartsh 612-370-4993; ***If you fax please call/email to confirm***.
If by check (made out to **Mpls Finance**) Mail to :
Minneapolis Park and Recreation Board-Attn: Broomball-Jack.
2117 West River Road.Mpls. MN 55411

Entry fee must accompany team registration.

Make checks payable to: **MINNEAPOLIS FINANCE.**

Check #: _____ Amount: \$ _____

If paying by credit card please complete below section:

Type of card: _____ (No Discover Card Please)

Credit Card #: _____

Expiration Date: _____