



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com

MEN'S TEAM REGISTRATION FORM



2017

This Form to be filled out by Team Captain

Name of Sponsoring Organization:		
Name of Team:		
Age Division: (basketball only) <input type="checkbox"/> Under 35 <input type="checkbox"/> Over 35		Team Color:
Team Captain:		Cell Phone:
Email:		
Street Address:		
City	State	Zip

Team Roster: *INCLUDING TEAM CAPTAIN*

1.	9.
2.	10.
3.	11.
4.	12.
5.	13.
6.	14.
7.	15.
8.	16.

NOTE:

ALL PLAYERS will need to have the PLAYER WAIVER FORM signed. You may submit it with your entry, or have players print it from home off our website and send it to us.

- Fee: Basketball=\$1,000/Team
- Please make checks payable to "Town of Fishkill."
- Please send payment along with completed form to
Fishkill Recreation 793 Route 52 Fishkill, NY 12524

Team Captain's Signature: _____ Date: _____