



aurora
parks & recreation
Adult Sports Registration

League: _____ Session: _____

Team Name/Sponsor: _____

Team Manager Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Email: _____

Assistant Manager Name: _____

Phone: (_____) _____ Email: _____

Please complete adult roster form and bring to managers meeting!

Payment information:

Form of Payment: Cash Check (Payable to City of Aurora) # _____

Visa / MC / AMEX

Credit Card # _____

Expiration Date: ____/____

For Office use only: Entered into ActiveNet: _____ Date: ____/____