

Skippack Township
Parks & Recreation Department
4089 Heckler Road, P.O. Box 164, Skippack, PA 19474
Phone: 610-454-0909 Fax: 610-454-1385

Bocce League Re-Registration Form

Season _____ Year _____

PREFERRED LEAGUE NIGHT: (Game times 6:30pm and 8:00pm)

TUESDAY _____ WEDNESDAY _____ THURSDAY _____

TEAM NAME: _____

TEAM MEMBERS NAMES: PLEASE NOTE "NR" IF NON TWP RESIDENT

- | | |
|----------------|-----------|
| 1. _____ (cap) | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |

How many are NOT Residents of Skippack Township? _____

New Teammates: Must attach Waiver and New Reg member information form.

TEAM CAPTAINS PHONE: HOME: _____ CELL: _____

TEAM CAPTAINS E-MAIL: _____

Payment: Season Team Fee \$30.00

Non-res @ \$5.00 each _____

Key Deposit (new team) _____

Total Due: _____ Chk # _____

Date: _____