## CAPITAL DISTRICT FLAG FOOTBALL LEAGUE REGISTRATION FORM General Manager Responsible For Payment

Team Name:				
General Manager's Name:				
General Manager's Address (Includ	e Zip):			
	5			
General Manager's Phone Number:	Days:	Г	Nights:	
General Manager's E-Mail Address	:			
Coach's Name and Phone Number:				
Desired Division:	"A" Div.	"B" Div.	"C" Div.	
Area Team Wants To Play:	Albany	Schenectady	Troy	
Team Status (Choose One):	New	Returning	New/Experienced	
Previous Name of Team:				
City of Most of the Team's Players:				
Desired Times (circle two):	9:00am 10:30	am 12:00pm	1:30pm 3:00pm	
Number of Triple Threat Flagbelts	being ordered (\$5.0	0 per flagbelt):		
Number of Pop Flags ("A" Only) b	eing ordered (\$7.00	) per flagbelt):		
Color of Team Jerseys:	Primary Color:	C	Color of Numbers:	
Color of Flagbelt: (Choose One):	Blue	Red (	Green Yellow (Pop)	
Note: Color of flagbelt and pants n	nust be different.			