



Form of Payment (Circle) Cash Check Credit Check # \_\_\_\_\_ Amount Paid:

hosted by: CENTRAL Wyoming COLLEGE

## **Adult Coed Soccer TEAM Registration Form**

Captain First Name:	Captain Last Name:	Captain Last Name:		
Address:	City:	State:	Zip:	
Email Address:	Phone Number	er:		

(Confirmation will be delivered via email only)

Team Name:

Each participant is required to complete the Individual Liability Form!! (also available online at www.rrecreation.com)

Participant First Name	Participant Last Name	Phone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Additional Players (\$10/person)		
11.		
12.		
13.		
14.		
15.		

Captain Signature:

Date:

## **More Information**

Call Mary Axthelm at 307-855-2015, Kelly Anderson 307-855-2190 or email rrecreation@cwc.edu Mail form and full payment to 'R' Recreation/CWC, 2660 Peck Avenue, Riverton, WY 82501 (Registrations are not accepted without full payment) Drop off at CWC Pro Tech Bldg, #102, 8am-5pm weekdays or use the convenient drop-box