For more information
Phone: 618-532-3214
Email: scottallan.crcpc@gmail.com

CENTRALIA RECREATION COMPLEX
Program / Sport Registration

PICKLEBALL
2019 - REGISTRATION FORM

Name: _____ Birthdate: _____

Address: _____ City/Zip: _____

Age: _____ Male_____ Female_____ Today's Date: _____

Contact Information

Home Phone_____

Work Phone_____

Cell Phone_____

Email Address_____

In Case of Emergency Name(s)_____ Phone Number_____

Please describe any health problems or special circumstances that department officials should be aware of:

_____

Please Check:

_____ Singles **_____ Co-Ed** **_____ Senior** **Skill Level:** **Beginner _____ or Experienced _____**

_____ Doubles **_____ Co-Ed** **_____ Senior** **Partner Name: _____**

(Multiple League Entry is Allowed W/ Entry Fee Per League)

League Fee: $30 per person / $60 for doubles

Office Use Only

Paid:_____ Cash/Check #_____ Late Fee:_____ Medical Card ($20):_____