

DES MOINES PARKS AND RECREATION

**2009 ADULT FLAG FOOTBALL
LEAGUE APPLICATION**

FOR OFFICE USE ONLY

Amt Pd _____
Cash _____ Check _____
Date _____
Received By _____
Receipt No. _____

Division: (check one below)

Team Name _____ **Men's** _____ **Women's** _____

Email Address: _____ **Manager** _____

Address: _____ **City:** _____ **Zip:** _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Alternate Contact: _____ **Phone:** _____

CHECK PREFERRED DAY TO PLAY:

(Please list 1st, 2nd & 3rd choice. You will get at least one of your top choices.)

Sun Early 11 – 3 _____ Sun Late 3 – 7 _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Remarks and brief description of team's skills:

“I assume all responsibilities, including maintaining player conduct, obeying eligibility rules, financing this team and informing players of league rules.”

Manager's Signature _____ Date _____

MAKE CHECKS PAYABLE TO: City of Des Moines

BRING OR MAIL TO: Des Moines Parks & Recreation
Leisure Sports Office
3711 Easton Blvd.
Des Moines, Iowa 50317
Phone: **248-6310**



ENTRY FEE: \$200.00
ENTRY DEADLINE: 5:00 PM, Wednesday, August 19th, 2009
PLAY BEGINS: Tuesday, September 1st, 2009