# 2025 OFFICIAL ADULT TOUCH FOOTBALL TEAM ENTRY CONTRACT

## A. Team Name

Our group wishes to enter a team to be known as:

(print team name)

in the league.

#### B. League

821 School Drive Waukesha, WI 53189

# \*\*NOTE: Team/Player fee MUST accompany this contract. <u>Checks can be made payable to: WPRF</u>

#### D. Team Sponsor

To be accepted, this part MUST be completed and signed by the team sponsor.

Sponsor's Name (please print):		
Sponsor's Signature:		
Business Address:		
City:	Zip:	
Business Phone:		
Email Address:		

I, the sponsor, do hereby appoint: (Person listed as manager must be a registered player with the team listed above.)

### D. Team Manager – No more than one person can be listed as manager at the same time!

Manager's Name (please prin	t):		
Manager's Signature:			
Home Address:			
City:	Zip:	Date of Birth <u>:</u>	
Business Phone:		Home Phone:	
Email Address:			



# 2025 Adult Touch Football Fees

## A. Team/Player Entry Fee (tax included)

•	100% City Resident Teams:	\$310
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Teams with Non-Resident Players: \$410

Returning Teams Registration: July 7 - August 14 New Teams: July 14 – August 14

Contract on reverse side