



District of Columbia
Department of Parks and Recreation
Athletic Programs Administration



Registration Form

Name of Sport: _____

Name of Team: _____

Team Captain Information:

Name: _____

Address: _____ City/State/ZIP: _____

Phone Number: _____ Email: _____

Assistant Captain Information:

Name: _____

Address: _____ City/State/ZIP: _____

Phone Number: _____ Email: _____

Choice	Day	Site	Time
1 st			
2 nd			
3 rd			

We will try to accommodate your selections.

Forms of payment:

Certified Checks and Money Orders MADE PAYABLE TO DC TREASURER.

Visa, Master Card, and Discovery also accepted.

To pay by credit card, call Athletics Program Administration at 202-671-0314

DC Parks and Recreation
Attn: Luna Harrison, Leagues Commissioner
Athletic Programs
3149 16th Street, NW
Washington, DC 20010

Payment attached: _____