



SPORT LEAGUE
REGISTRATION FORM

Sport: _____ Season: _____

Team Name: _____

Team Contact: _____

Address: _____ (City) _____ (Zip) _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____
(important for league schedules and cancellation notification)

I have read and understand the rules and regulations in regards to the City of St. Pete Beach athletic league.

Signature

Date

(office use ONLY)

League Fee paid _____

League Schedule received _____

Any league issues or concerns should be directed to Mandy Edmunds, Program Coordinator
(727) 363-9245 or a.edmunds@stpetebeach.org