



## YOUTH / ADULT SPORTS TEAM INFORMATION

Youth: \_\_\_\_ Adult: \_\_\_\_

Name of League or Team Affiliation: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address: \_\_\_\_\_

League Website: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name (and) City of League you participate in: \_\_\_\_\_

Are you a registered non-profit? Yes: \_\_ No: \_\_

If Yes, Tax ID Number: \_\_\_\_\_

Recreation Team/League (where everyone makes team)? Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum playing time rule in your league? Yes: \_\_ No: \_\_

Do you have proof of insurance? Yes: \_\_ No: \_\_

Is coach: Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_

League/Team Registration Fee per Participant: \_\_\_\_\_

Percent of Lake Forest residents on Team/League: \_\_\_\_\_ (must show proof of residency).

Roster Attached? Yes: \_\_ No: \_\_

Fall Field Season \_\_\_\_ (Mid August to December) Spring \_\_\_\_ (Mid January to June)

Months Requesting Field(s): \_\_\_\_\_

This form must be returned to Bill Barry, Senior Recreation Coordinator, City of Lake Forest, by or before \_\_\_\_\_. If you have any questions, **please call (949) 273-6972** or email at [bbarry@lakeforestca.gov](mailto:bbarry@lakeforestca.gov).

**Please note: Completing this form does not guarantee your team or league sports facilities in the City of Lake Forest.**