



MAYOR'S NIGHTS REGISTRATION

DIRECTIONS: *Please print form, fill out and bring to a participating community center.*

MAYOR'S NIGHTS ID CARDS ARE REQUIRED FOR ALL MAYOR'S NIGHTS EVENTS.

Name: _____
(last name) (first name)

Gender: (circle one) FEMALE MALE Date of Birth: ___/___/_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Email Address: _____

Please check which program you are registering for:

___ CLUB KC ___ MAYOR'S NIGHT HOOPS (basketball)

___ MAYOR'S NIGHT KICKS (soccer) ___ MAYOR'S NIGHT NETS (volleyball)

If you already have a team name, please specify it here: _____

EMERGENCY CONTACT INFO

Emergency Contact Name: _____

Emergency Contact Phone Number: (____) _____ - _____

Relationship to you: _____

