

Palm Beach County Parks and Recreation Department



Sport Provider Team Verification Form

PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

Team Verification Form

***Actual team numbers are to be submitted within two weeks after the program's first permit.**

Organization/Team Name: _____

Program/Special Event Name: _____
(i.e. Adult Men's Baseball League, Youth Recreational Soccer League, Youth Girl's Travel Soccer, etc.)

Program/Event Start Date: _____

Season: Spring Summer Fall Winter Year-Round Special Event

DIVISION <small>(i.e. T-Ball, Majors, 10U, 12U, 8U Girls, 14U Boys)</small>	TOTAL # OF TEAMS <small>(per Division)</small>	AVG. # OF PLAYERS <small>(per Team)</small>	TOTAL # OF PARTICIPANTS <small>(per Division)</small>	TOTAL # OF VOLUNTEER COACHES <small>(per Division)</small>
TOTAL				