

Charleston Church Recreation Association Entry Form

Church Name: _____
Church Address: _____

Church Telephone: _____

Coach's Name: _____
Address: _____
Telephone: (Home) _____
Telephone: (Work) _____

Asst. Coach's Name: _____
Address: _____
Telephone: (Home) _____
Telephone: (Work) _____

Asst. Coach's Name: _____
Address: _____
Telephone: (Home) _____
Telephone: (Work) _____

Other Name: _____
Address: _____
Telephone: (Home) _____
Telephone: (Work) _____

TEAMS

Women _____ Men _____

Please list below the times your team cannot play - State the reason - Example: Wednesdays, Bible School, Church Retreat, Scheduled Events, Etc.

RETURN TO: John Vencill
2107 Oakridge Drive
Charleston, WV 25311
Phone: 344-9414