

LCAA Adult Athletics Registration Form

5313 50th #C-1, Lubbock, TX 79414

Church or Team Name: _____

Mailing Address: _____

Phone #: _____ Wk/Cell: _____

Coach's name: _____

Mailing address: _____

Phone #: _____ Wk/Cell: _____

Please circle league: Men Co-Rec

Please circle sport: Volleyball Softball

Preference of night to play games on : *Do not list a night that you cannot play on.*

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

For office use: Amount paid: _____ Check # _____