



CITY OF COCONUT CREEK

PARKS AND RECREATION DEPARTMENT

Community Center
 1100 Lyons Road
 Coconut Creek, FL 33063
 Phone: 954-545-6670
 Fax: 954-968-5303

Sabal Pines Park
 5005 NW 39 Avenue
 Coconut Creek, FL 33073
 Phone: 954-545-6600
 Fax: 954-418-7989

Recreation Complex
 4455 Sol Press Blvd.
 Coconut Creek, FL 33073
 Phone: 954-956-1580
 Fax: 954-574-1465

2016 – 2017 NON-RESIDENT YOUTH SPORTS CARD FORM

PARENT OR GUARDIAN INFORMATION: (Print)

(Check One): New Card Renewal Card

Name: _____

Address: _____

City, State, Zip: _____

Phone #1: Home Cell _____

Phone #2: Home Cell _____

Email: _____
 To Receive the City's Cocogram: **Check** Yes

PLEASE NOTE:

- Sports Card is valid from September 1, 2016 – August 31, 2017. Sports Card cannot be utilized for same sport twice within validation period
- Fee is \$60.00
- Child(ren) must reside in household to be covered by Sports Card
- Proof of guardianship is required at time of purchase (Birth certificate or Court document) **NO EXCEPTIONS**
- Please retain your payment receipt. A \$5.00 fee will be charged for each duplicate card receipt

CHILD INFORMATION: (Print)

FULL NAME	DATE OF BIRTH	SEX

I agree and comply with the terms above:

 Signature of Parent or Legal Guardian

 Date

CITY USE ONLY

Method of Payment: **Cash** **Check** **Credit Card** (Visa, MC, Discover) _____ Total Paid: _____
 (Last 4 digits)

Received By: Staff Name (Print) _____ Guardianship verified: _____ Date: _____
 (Initials)