Fantasy Football Team Registration Form:

Team Manager's Name: _____
Phone: _____
Email: _____

Team Name: _____

$40/ Buy In per team Paid? Yes or No (circle one)

Staff Member who accepted payment: _____
Registration Date: _____
Registration Number: _____of 20 Teams

Top Part of Form to stay at Bar with other Team Registration Forms

----------Fold & Cut Here----------

Team Manager's Name: _____

Has Registered Team: _____

For the 2-A-Days Fantasy Football League Draft Day Party. Registration is complete with the teams payment of $40 received on (Date): _____. Please confirm with League Commissioner via email ASAP (Mleach32@gmail.com) Day Party is scheduled for Saturday, August 17, Noon - ???

Contact the League Commissioner with any questions/concerns.

Thank You and Good Luck!

League Name: 2 A Days FFBL
League Website: http://2adayssportsbarleague.fantasynfl.com
League ID: 402700
League Password: 2ADays