



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

2017 – 2018 NON-RESIDENT YOUTH SPORTS CARD INFORMATION

- Required for all Non-Residents enrolling children in Coconut Creek youth athletic leagues
- \$60 fee is approximately the amount resident taxpayers contribute to Parks and Recreation annually
- Valid from August 1, 2017 – July 31, 2018 (Sports Card cannot be used for the same sport season within validation period)
- Children must reside in household to be covered by Sports Card
- Proof of guardianship is required at time of purchase (Birth certificate or Court document)
- Complete the registration form
- Render payment only at any Parks and Recreation building locations during regular business hours
- Before purchase, please contact the league for non-resident registration availability



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<u>Community Center</u> <input type="checkbox"/>	<u>Sabal Pines Park</u> <input type="checkbox"/>	<u>Recreation Complex</u> <input type="checkbox"/>
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2017 – 2018 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:
August 1, 2017 - July 31, 2018
- The Sports Card cannot be used for the same sport season 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.

CHILD INFORMATION: *(Print)*

FULL NAME	D. O. B.	GENDER

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)