

# ADULT SPORTS

## OFFICIALS PRE-PAY FORM

PLEASE COMPLETE AND MAIL TO:

### RMSO Officials

Softball, Basketball, & Kickball

Rocky Mountain Sports Officials  
c/of Robert Lantzy, RMSO President  
7169 Hillbeck Drive  
Colorado Springs, CO 80922  
(719) 660-5290 | (719) 591-1048

### CSPN Officials

Volleyball & Flag Football

CSPN  
c/of Clyde Thomas, Owner  
2303 Patrician Way  
Colorado Springs, CO 80909  
(719) 635-4551

|   |                      |
|---|----------------------|
| Team Name:                                | <input type="text"/> |
| Team Representative (TR):                 | <input type="text"/> |
| TR Mailing Address<br>(include zip code): | <input type="text"/> |
| TR (All) Contact Numbers:                 | <input type="text"/> |
| Team Representative's Email:              | <input type="text"/> |

### SELECT:

|                      |   |  |  |
|----------------------|---|--|--|
| <b>SPORT</b>         | <input type="checkbox"/> Basketball<br><i>RMSO</i>    | <input type="checkbox"/> Kickball<br><i>RMSO</i>   | <input type="checkbox"/> Softball<br><i>RMSO</i>                               |
|                      | <input type="checkbox"/> Flag Football<br><i>CSPN</i> | <input type="checkbox"/> Volleyball<br><i>CSPN</i> |  |
| <b>SEASON</b>        | <input type="checkbox"/> Spring                       | <input type="checkbox"/> Summer                    | <input type="checkbox"/> Summer (EARLY) <input type="checkbox"/> Summer (LATE) |
|                      | <input type="checkbox"/> Fall                         | <input type="checkbox"/> Winter                    |  |
| <b>LOCATION</b>      | <input type="checkbox"/> Cottonwood                   | <input type="checkbox"/> Memorial Park             | <input type="checkbox"/> Skyview <input type="checkbox"/> Venezia              |
|                      | <input type="checkbox"/> City Auditorium              | <input type="checkbox"/> Panorama                  | <input type="checkbox"/> Wasson <input type="checkbox"/> Other                 |
| <b>PLAYING NIGHT</b> | <input type="checkbox"/> Monday                       | <input type="checkbox"/> Wednesday                 | <input type="checkbox"/> Friday <input type="checkbox"/> Sunday                |
|                      | <input type="checkbox"/> Tuesday                      | <input type="checkbox"/> Thursday                  | <input type="checkbox"/> Saturday  |

|                  |                      |
|------------------|----------------------|
| Date:            | <input type="text"/> |
| Amount Enclosed: | <input type="text"/> |
| Check Number:    | <input type="text"/> |