PALM BEACH COUNTY PARKS AND RECREATION DEPARTMENT

# Team Verification Form

***Actual team numbers are to be submitted within <u>two (2) weeks</u> after the program's first permit.**

**Organization/Team Name:** _____

**Program/Special Event Name:** _____

(i.e. Adult Men's Baseball League, Youth Recreational Soccer League, Youth Girl's Travel Soccer, etc.)

**Program/Event Start Date:** _____

**Season:** ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ Year-Round ☐ Special Event

| DIVISION (i.e. T-Ball, Majors, 10U, 12U, 8U Girls, 14U Boys) | TOTAL # OF TEAMS (per Division) | AVG. # OF PLAYERS (per Team) | TOTAL # OF PARTICIPANTS (per Division) | TOTAL # OF VOLUNTEER COACHES (per Division) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **TOTAL** | 0 | | 0 | 0 |

## AUTHORIZED SIGNATURE OF ACKNOWLEDGMENT

I, _____, hereby affirm that to the best of my knowledge and ability, all information provided in this Team Verification Form is accurate and current.

_____ _____ _____

Authorized Representative Name – Please Print | Authorized Representative Signature – Please Sign | Date

**INTERNAL USE ONLY**

**DATE RECEIVED:** _____ / _____ / _____ ☐ **APPROVED** ☐ **NOT APPROVED**

**STAFF INITIAL:** _____ **DATE:** _____ / _____ / ____ **REASON:** _____



Revised: April 2025