PALM BEACH COUNTY PARKS & RECREATION DEPARTMENT
TEAM VERIFICATION FORM

***Actual team numbers are to be submitted two weeks after the programs first regular season game(s).**

Recognized Sport Provider Name: _____

Program Name: _____
(i.e. Adult Men's Baseball, Youth Recreational Baseball, Youth Girls Travel Soccer, etc)

Program Start Date: _____

Season: Spring ☐ Summer ☐ Fall ☐ Winter ☐ Year Round ☐

DIVISION (ex: T-ball, Majors, 10U, 12U, 8U girls, 14U boys)	# of Teams (per div.)	Avg. # of players (per team)	Total #of Participants (per div.)
TOTAL	0		0

INTERNAL USE ONLY	EMPLOYEE:	DATE:

Revised Date: March 20, 2017