



County-Affiliated Group Roster Form

www.KingWilliamREC.com

P.O. Box 215, King William, VA 23086

(804) 769-4981 or (804) 769-4923

Fax: (804) 769-4964

Organization Name: _____

Season: _____

Year: _____

Total Residents: _____ Total Non-Residents: _____

(User Fee Rate: \$5.00 per participant/per season) Total User Fee Due: _____

Paid: _____ Check #: _____

First Initial	Last Name	R / NR
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Representative Name: _____

Representative Signature: _____

Date: _____