CITY OF SAVANNAH LEISURE SERVICES

PROGRAM/SPORT_____
COMPLETED BY : _____

PROGRAM CODE # _____

DATE _____/_____/_____

FOR OFFICE USE ONLY

Date turned in:_____

Date entered:_____

FOR ATHLETIC TEAMS ONLY

COACH_____-
ADDRESS_____

PHONE_____

ASSIS'T_____
ADDRESS_____

PHONE_____

Area Code	Description
A	Northwest Savannah
B	Downtown
C	Inner City
D	East Savannah
E	Skidaway/Johnson
F	Victory/Derenne

Race Code	description
B	Black
W	White
O	Other

Age Code	Age range
1	0-5 years
2	6-19
3	20-59
4	60-64
5	65-69
6	70-79
7	80-89
8	90& over

LAST FIRST	ADDRESS	ZIP	SERVICE AREA	B/W/O	M/F	AGE CODE	DOB
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	
						2	