



City of Clermont Residency Statement

All addresses need to be completed on this form. Forms not correctly filled out will be billed for the non-resident fee of \$25. Non-resident fees apply to people of all ages that live in other City Limits or Unincorporated Lake County. The Non-Resident Fee is \$25 per person per league/program.

Please complete the following:

Player's Name: _____ Age: _____

Street Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

Telephone number: _____

Parent Name: _____

Signature: _____ Date: _____

I live or own property/ business within the **City Limits of Clermont**.

Business Name: _____

Business Address: _____

I live within the City Limits of: Groveland Minneola Mascotte
 Montverde Other _____

I live in the unincorporated area of Lake County, not within a City.

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 S.L.L.L. C.G.S. S.L.S. A.A.U. Other

City Official Initials: _____ Paid: \$_____ Ck #: _____ Receipt # _____