CITY OF ALBANY
RECREATION & COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706

ADULT SPORTS LEAGUE APPLICATION

TEAM NAME:_____

MANAGER'S NAME:_____

ADDRESS:_____
STREET CITY ZIP

MOBILE PHONE:_____ HOME PHONE (OPTIONAL):_____

EMAIL (LEGIBLY):_____

RETURNING TEAM: YES_____ NO_____

CHECK ACTIVITY:

SOFTBALL: MEN'S ($775) - MONDAY_____
CO-ED ($775) - TUESDAY_____
CO-ED ($775) - THURSDAY_____

CO-ED SOCCER ($475) - WEDNESDAY____

KICKBALL ($300) - FRIDAY_____

BASKETBALL 5 ON 5 ($500) – SUNDAY_____

WINTER PICKLEBALL MONTHLY LEAGUE NIGHT ($96) – SUNDAY_____

SUBMIT APPLICATION, ROSTER & FEES TO: ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706
REGISTER BY PHONE: 510-524-9283

CONTACT: B. "BELL"
ADULT SPORTS COORDINATOR
510-559-7216
BBELL@ALBANYCA.ORG