



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

ADULT SPORTS LEAGUE APPLICATION

MANAGER'S NAME: _____

TEAM NAME: _____

ADDRESS: _____
STREET CITY ZIP

DAY PHONE: _____ **EVENING PHONE:** _____

EMAIL: _____

RETURNING TEAM: YES _____ NO _____

CHECK ACTIVITY:

SOFTBALL: MEN'S - MONDAY _____ WOMEN'S- TUESDAY _____ CO-ED - FRIDAY _____

SOCCER - WEDNESDAY _____

KICKBALL - THURSDAY _____

**SUBMIT APPLICATION,
ROSTER & FEES TO:**

**ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706
REGISTER BY PHONE: 510-524-9283**

CONTACT:

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