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 ($825) - MONDAY**_____
CO-ED ($825) - TUESDAY_____
CO-ED ($825) - THURSDAY_____

CO-ED SOCCER ($475) - WEDNESDAY____

KICKBALL ($400) - FRIDAY_____

BASKETBALL 5 ON 5 ($285) – SUNDAY_____

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

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