

ADULT SPORTS LEAGUE APPLICATION

TEAM NAME:			
Manager's N	NAME:		
Address:			
	STREET	Сітү	ZIP
MOBILE PHONE:		HOME PHONE (OPTIONAL):	
EMAIL (LEGIBLY)):		
RETURNING T	EAM: YESNO		
Снеск Астіч	ITY:		
SOFTBALL:	Men's (\$825) - Monday Co-Ed (\$825) - Tuesday Co-ed (\$825) - Thursday		
Co-ED Socci	ER (\$525) - W EDNESDAY		
KICKBALL (\$40	00) - FRIDAY		
BASKETBALL	5 ON 5 (\$525) – SUNDAY		

SUBMIT APPLICATION, ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT

ROSTER & FEES TO: 1249 MARIN AVENUE

ALBANY, CA 94706

REGISTER BY PHONE: 510-524-9283

B. "BELL" CONTACT:

ADULT SPORTS COORDINATOR

510-559-7216

BBELL@ALBANYCA.ORG