

ADULT SPORTS LEAGUE APPLICATION

TEAM NAME:			
Manager's Name:			
Address:			
STREET	Сіту	ZIP	
Mobile Phone:	HOME PHONE (OPTIONAL):		
EMAIL (LEGIBLY):			
RETURNING TEAM: YES NO			
CHECK ACTIVITY:			
MEN'S SOFTBALL: (\$825) - MONDAY			
CO-ED SOFTBALL: (\$825) - TUESDAY			
Co-ED SOCCER (\$600) - WEDNESDAY			
KICKBALL (\$825) - FRIDAY			

SUBMIT APPLICATION, ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT

ROSTER & FEES TO: 1249 MARIN AVENUE

ALBANY, CA 94706

FOR MORE INFORMATION BY PHONE: 510-524-9283

CONTACT: B. BELL

ADULT SPORTS COORDINATOR

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