

Carmichael



RECREATION AND
PARK DISTRICT

5325 ENGLE RD, SUITE 100, CARMICHAEL, CA 95608
483-7826 FAX 483-7861

2010 ADULT BASKETBALL REGISTRATION

LEAGUE:	SPRING	SUMMER	FALL	WINTER 10/11
		<i>Circle one</i>		

FIRST NAME: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
TEAM NAME: _____ E-MAIL ADDRESS: _____

Please check the league you wish to enter, indicate first or second choice by numbering choice 1st or 2nd

5 MAN LEAGUES – COST \$395 PER TEAM

MEN'S B MONDAY NIGHT _____ MEN'S C SUNDAY NIGHT _____
MEN'S C MONDAY NIGHT _____

3 MAN LEAGUES – COST \$65 PER TEAM

3-MAN A WEDNESDAY NIGHT _____
3-MAN B WEDNESDAY NIGHT _____
3-MAN C WEDNESDAY NIGHT _____

Did your team play in our leagues last year? Yes _____ No _____

If yes, on which night and league level did you play? _____

Team name that was used: _____

Payment:

VISA: _____ MASTERCARD: _____

ACCOUNT NUMBER: _____ EXP. DATE: _____

Office Use Only

Office Receipt Number: _____