

Carmichael



RECREATION AND
PARK DISTRICT

ADULT BASKETBALL TEAM REGISTRATION

Carmichael Recreation and Park District Office

5750 Grant Avenue Carmichael, CA 95608

Phone: 485-5322 ext. 29 Fax: 485-0805

www.carmichaelpark.com 916 483-7826 Sports Office

Year: _____	Season: (circle one)	Winter	Spring	Summer	Fall
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FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please write your email address clearly.

Please check the league you wish to enter, indicate first or second choice by numbering choice 1st or 2nd. If there are not enough teams registered in your first choice, you will be placed in the second choice league.

Monday 5-Player:

B _____ C _____

League Description: Games are played full court with scorekeeper and officials. Teams must provide their own uniforms (shirts) with a number. Winner of league receives championship prize.

Wednesday 3-Player:

A _____ C _____
B _____

League Description: Games are played half court with teams keeping score and calling fouls. No uniform required. League is designed for recreational round robin play.

Scheduling Requests:

Please email Alaina@carmichaelpark.com all schedule requests. Alaina will reply to your email as confirmation she has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

Payment:

League Fees per team: Monday 5-player: \$450 (R) \$460 (NR)
Wednesday 3-player: \$95 (R) \$105 (NR)

R – Resident NR – Non-Resident
Residency determined my Manager's address.

Visa: _____ Mastercard: _____ Check#: _____ Cash: _____

Account Number: _____ Exp. Date: _____ CVV: _____

Registration Deadline: Please check our website at www.carmichaelpark.com for updated dates.

Phone Registration:
Pay with a credit card over the phone by calling us at 485-5322 and speak to Sharon at ext. 29.

Office Use Only

Office Receipt Number: _____