

All league fees are due at time of registering for leagues

COMPETITIVE ATHLETIC LEAGUE APPLICATION FORM

League and Level of Competition (choose one)

BASKETBALL (Fall)

Men's Sunday _____

Women's Sunday _____

BASKETBALL (Winter)

Men's "B" Sunday _____

Men's "6' 5" and Under" Sunday _____

Women's Sunday _____

Men's "Open" Sunday _____

BASKETBALL(Summer)

Men's Sunday _____

Women's Sunday _____

SOFTBALL

Men's 16" Summer

"B" Tuesday _____

"B" Wednesday _____

Men's 12" Summer

"Open" Monday _____

"B" Wednesday _____

"Open" Thursday _____

Women's 12" Summer

"B" Tuesday _____

Co-Rec 14" Summer

"Open" Friday _____

Fall Softball

12" Men's Wed. _____ 12" Men's Thurs. _____ 14" Co-Rec Fri. _____

VOLLEYBALL

Summer Co-Rec Sand

Wednesday _____

Thursday _____

2 on 2 Sand

Thursday _____

TEAM NAME: _____

Manager/Captain

Name: _____

Address: _____

City: _____ Zip _____

Phone: _____ Bus Phone: _____

e-mail: _____

Assistant Manager/Captain

Name: _____

Address: _____

City: _____ Zip _____

Phone: _____ Bus Phone : _____

e-mail: _____

General Information

1. Name of Team Last Year: _____
2. Number of years team has been together: _____
3. League(s) Team participated in last year: _____
4. Team Record and place with each league last year: _____
5. Tournament participated in last year: _____
6. Place team finished in each tournament: _____
7. Additional information concerning the team: _____