CITY OF ALBANY
RECREATION & COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706

ADULT SPORTS LEAGUE APPLICATION

TEAM NAME:_____

MANAGER'S NAME:_____

ADDRESS:_____
STREET CITY ZIP

MOBILE PHONE:_____ HOME PHONE (OPTIONAL):_____

EMAIL (LEGIBLY):_____

RETURNING TEAM: YES_____ NO_____

CHECK ACTIVITY:

5-ON5 BASKETBALL ($500) – SUNDAY_____

WINTER FUTSAL ($450) – SUNDAY _____

WINTER PICKLEBALL MONTHLY LEAGUE NIGHT ($96) – SUNDAY_____

SUBMIT APPLICATION, ROSTER & FEES TO: ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706
REGISTER BY PHONE: 510-524-9283

CONTACT: B. "BELL"
ADULT SPORTS COORDINATOR
510-559-7216
BBELL@ALBANYCA.ORG