



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:

SOFTBALL: MEN'S (\$825) - MONDAY _____
CO-ED (\$825) - TUESDAY _____
CO-ED (\$825) - THURSDAY _____

CO-ED SOCCER (\$525) - WEDNESDAY _____

KICKBALL (\$400) - 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
510-559-7216
BBELL@ALBANYCA.ORG