



**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**

**PRIMARY PHONE:** \_\_\_\_\_ **HOME PHONE (OPTIONAL):** \_\_\_\_\_

**EMAIL (LEGIBLY):** \_\_\_\_\_

**RETURNING TEAM:** YES \_\_\_\_\_ NO \_\_\_\_\_

**CHECK ACTIVITY:**

**WINTER FUTSAL (\$500) – SUNDAY** \_\_\_\_\_

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**SUBMIT APPLICATION, ALBANY RECREATION AND COMMUNITY SERVICES DEPARTMENT  
ROSTER & FEES TO:**

**1249 MARIN AVENUE  
ALBANY, CA 94706**

**FOR REGISTRATION AND LEAGUE INFORMATION CALL PHONE: 510-524-9283**

**CONTACT:**

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