



**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 (\$800) - FRIDAY \_\_\_\_\_

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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"  
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