

Commerce City Parks & Recreation

Adult Sports - League Entry Form

CONTACT INFO

TEAM NAME: _____

MANAGER/COACH: _____

ADDRESS Number: _____

City: _____ State: _____ Zip: _____

TELEPHONE: Work: _____ Hours: _____ to _____

Home: _____

Cell: _____

E-MAIL ADDRESS: _____

LEAGUE INFO

LEAGUE: Basketball _____ Softball _____ Volleyball _____ Other _____

SEASON: Year _____ Winter _____ Summer _____ Fall _____ Other _____

LEAGUE FEE: _____ LEAGUE NIGHT: _____

By signing below I assume responsibility for the league fee above. I guarantee my check and or credit card information is correct and legal. Note - The city will process all bad checks and credit cards through a collection agency.

Signature: _____ Print Name: _____

PAID \$: _____ RECEIPT #: _____ DATE: _____

