SANTA MARIA RECREATION & PARKS DEPARTMENT TEAM APPLICATION ROSTER

* All Information Must be complete and attached at time of registration.				Team Name:							
* No cash accepted. Visa c	or MasterCard, mon	ey order, or check									
(Payable to City of Santa Maria). *All Players listed on team Roster must conform to all league rules and regulations, & age restrictions. Team Captains must comply with all min &				Team Captain: Phone Number: E-mail address:							
						max number participants.					
										Resident Tea	am? Y N
<u>City Resident-Team Address Verification Requirements:</u> Roster must carry 2 players living within the Santa Maria City limits to be considered a resident team.				Division:							
				Level Preference (Beginner 0-2.5; Intermediate 3-3.5 Advanced 4-4.5):							
							Pickleball: (Ages 18 & Up):	: Min. 2/ Max 4.			•
Player Name:	Self-Rate:	Home Phone	Address:	City	Zip						
1)											
2)											

We understand that our resident status will be verified, and we agree that failure to honestly fill out this form will result loss of priority and will be dropped from the league.

Team Captain's Signature

<u>3)</u> 4)

Date