



**Puyallup Parks & Recreation
Adult Men's Basketball - Fall 2018
Team Registration**

The City or any third party that uses city property or facilities, or is required to obtain a permit, license or other form of approval from the City for a community athletics program, or participates in a community athletics program shall not discriminate against any person on the basis of sex or any other basis protected by federal or state law.

Registration Dates:

Monday, July 16

Open to returning teams

Monday, July 23

Open to all

Sunday, September 2

Last day to register and turn in schedule requests

League begins: September 19

League finishes: November 14

When: Wednesdays 6-10pm

Where: Puyallup Recreation Center & Memorial Center

Number of Games: 8

Fee: Non Resident: \$660
Resident Discount: \$600

Requirements to be considered a resident team:
More than 50% of the team's players must be City of Puyallup residents, OR, teams must be sponsored by a City of Puyallup business.

No registration will be accepted without full payment.

Rosters:
Rosters must be complete and legible or they will not be accepted. A completed team roster/waiver form must be turned in by first game. All players must be over 18 years of age.

Uniforms:
All players on a team shall wear shirts of the same color with numbers on the front and back.

Schedules:
Will be emailed the week of September 4-7.

TEAM NAME:

_____ Resident Team _____ Non Resident Team

Resident through a City business sponsor payment _____
Resident by attached roster (51% living in City limits) _____

COACH INFORMATION

Name _____

Address _____

City _____ Zip _____

Cell # _____

Other # _____

Email _____

Email is used for league communication

SPECIAL REQUESTS

If your team has a special request for game times please write them below. No special requests will be accepted after **Sunday, September 2**. We will do our best to accommodate special requests but can't guarantee that all will be made.

Do not write below this line – for office use only

DATE _____ RECEIPT # _____ AMOUNT _____ BY _____

