



FOR OFFICE USE ONLY
Amount Paid _____
Cash _____ Check _____
Date _____
Received By _____
Receipt # _____

2009-2010 Youth Basketball – Team Application

Team Name _____

Manager's Name _____

Email Address _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Assistant Manager's Name _____
(Other person who can be contacted easily)

Home Phone _____ Work Phone _____ Cell Phone _____

Please check one: BOYS _____ GIRLS _____

Please check one: 1st - 2nd _____ 3rd - 4th _____ 5th - 6th _____ 7th _____

**TEAMS WILL PLAY ON SATURDAY OR SUNDAY
Beginning the weekend of November 14th & 15th**

REMARKS: (SKILL LEVEL)

ENTRY FEE: \$475.00 *NOTE: Cash payments at the office must be the exact amount; we cannot make change.

MAKE CHECKS PAYABLE TO: Des Moines Parks & Recreation

BRING OR MAIL TO: Des Moines Parks and Recreation
Leisure Sports Office *Office Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday
3711 Easton Boulevard
Des Moines, Iowa 50317
Office Phone: 248-6310 / Fax #: 263-8745

ENTRY DEADLINE: 5:00 p.m., Friday, October 16, 2009

RECREATION COORDINATOR: George Davis – 248-6310