



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

2009-2010 Adult Basketball Application

Team Name _____

Manager's Name _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Alternate Contact: _____ Phone: _____

A **ten-game schedule** is played using both **Four Mile Community Center** (3711 Easton Boulevard) and **Pioneer-Columbus Community Center** (2100 SE 5th Street) with all games starting at 6:00 p.m.

League play begins at 6:00 p.m., Monday, November 30, 2009, (Men's League) and Wednesday, December 2, 2009, (Women's League).

MARK DIVISION: MONDAY MEN'S LEAGUE _____ WEDNESDAY WOMEN'S LEAGUE _____

Remarks and brief description of team's skills:

"I assume all responsibilities, including maintaining player conduct, obeying eligibility rules, financing this team and informing players of league rules."

Manager's Signature _____ Date _____

MAKE CHECKS PAYABLE TO: **Des Moines Parks and Recreation**

BRING OR MAIL TO: **Des Moines Parks and Recreation**
Leisure Sports Office *Office Hours – 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 FEE: **\$310.00** *NOTE: Cash payments at the office must be the exact amount; we cannot make change.

ENTRY DEADLINE: **5:00 p.m., Monday, November 23, 2009**

LEAGUE COORDINATOR: **George Davis – 248-6310**