

**TALLAHASSEE PARKS, RECREATION & NEIGHBORHOOD AFFAIRS
 TEAM ATHLETIC INFORMATION SHEET
 ADULT BASKETBALL
 WINTER 2009-2010**

TEAM NAME: _____

MANAGER: _____ PHONE: W) _____

E-MAIL ADDRESS: _____ H) _____

ADDRESS: _____ C) _____

CITY: _____ ZIP _____

Please Check One: NEW TEAM RETURNING TEAM (5 or more returning players)

Please Circle One: MEN WOMEN SENIORS (35+)

Indicate choice of city league for upcoming season (League Number) _____

Team name last year: _____

League number last year: _____

Record last year: _____

NOTE: Teams are placed in leagues by the Tallahassee Parks, Recreation and Neighborhood Affairs Department. Your **request and input** will help in placing your team in the proper league.

COMMENTS:

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FOR OFFICE USE ONLY

<u>Date</u>	<u>Amount Paid</u>	<u>Cash</u>	<u>Check #</u>	<u>Receipt #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____