



City of Atascadero
**COMMUNITY SERVICES
& PROMOTIONS**

**ADULT BASKETBALL LEAGUE
TEAM APPLICATION AND ROSTER**

TEAM NAME: _____ SEASON: SPRING 2024

*****GAMES WILL TAKE PLACE ON SUNDAYS*****

DIVISION: UPPER or LOWER (please circle one)

Team Manager: _____

Assistant Manager: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone (H): _____ (W) _____

Phone (H): _____ (W) _____

E-mail Address: _____

E-mail Address: _____

Applications are accepted on a team basis only. **Applications must be filled-out completely with names, phone numbers, and addresses. Incomplete rosters will not be accepted, NO EXCEPTIONS.** There is a minimum of 8 players and a maximum of 16 players per roster.

League fees are \$473.00 per team. Non-residents are \$5 per player, 8 or more non-residents, add 10% (\$47.30)

ACTIVITY NUMBER

#1300.823

As manager I assume responsibility for the conduct and sportsmanship of all team members. All information provided on the front and back of this form is valid and verifiable. **Sign both sides.**

MANAGER'S SIGNATURE: _____ **DATE:** _____

(More on the back)

OFFICE USE ONLY:

League Fees: _____ Non-Resident Fees: _____ Total Fees: _____

Date Paid: _____ Receipt Number: _____ Approved By: _____

**ADULT BASKETBALL LEAGUE
TEAM APPLICATION AND ROSTER**

All information must be clearly legible, accurate, and verifiable.

TEAM NAME: _____ **SPONSOR:** _____

PLEASE PRINT

PLAYERS NAME	PHONE	ADDRESS	CITY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			

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All information provided on the front and back of this form is valid and verifiable. **Sign both sides.**

MANAGER'S SIGNATURE: _____ **DATE:** _____