City of Atascadero

Recreation Department

ADULT BASKETBALL LEAGUE
TEAM APPLICATION AND ROSTER

REGISTRATION CLOSES AUGUST 7TH, 2026

TEAM NAME:_____

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

DIVISION PREFERENCE: UPPER or LOWER (Please Circle One)

Team Manager:_____

Address:_____

City:_____Zip:_____

Phone (H):_____(W)_____

E-mail Address:_____

Assistant Manager:_____

Address:_____

City:_____Zip:_____

Phone (H):_____(W)_____

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 10 players and a maximum of 18 players per roster.

League fees are $516.00 per team. Non-residents are $6 per player, 8 or more non-residents, add 10% ($51.60)

ACTIVITY NUMBER

#1300.893

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 #**_____**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.			
17.			
18.			

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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: _____