



CITY OF PRESCOTT
PARKS & RECREATION
2008 MEN'S & WOMEN'S SUMMER BASKETBALL
Season begins the week of July 7TH

MANAGER'S MEETINGS / REGISTRATION

Manager's Meeting is scheduled for Tuesday, July 1 at 6:00 pm at the Recreation Programming Office (Grace Sparks Activity Center) 824 E. Gurley.

Early Registration deadline: Monday, June 2 by 5PM in person or by mail.

Regular registration (with no guarantee of entry into the league), will be from June 3 – June 17 by 5PM in person or by Mail.

REGISTRATION FEES

\$200 per team (Early Registration), \$225 per team (Regular Registration)
 1 night per week, 6 games, Single Elimination Tournament (Top 4 Make Playoffs in each Division)

PARTICIPATION

***Players may participate on a maximum of two letter identified teams (A, B & C) provided the teams play on different nights. A player may play up one league or down one league (example: an A player may play down one league on a B team but not a C team). Players may play on as many age bracket appropriate teams as they qualify for.** Players must be 16 years of age by end of calendar year. Anyone who participates on a high school or college basketball team during the 2006-2007 school years must have their coach's approval to participate in city leagues. Players in the 35+ division must be turning 35 in 2008 to play in that league.

ROSTERS

Rosters must be turned in at the first game. They will be kept in the Recreation Programming Office the remainder of the season.

Participants under the age of 18 must have a parent or guardian sign an additional waiver.

REGISTRATION FORM – FOR INFORMATION CALL 777-1557

*LEAGUES: CHECK THE LEAGUE YOUR TEAM IS ENTERING. Please note if there is a night your team cannot play. Requests will be honored whenever possible, but are not guaranteed. Space is limited. All teams will be registered on a first come, first serve basis.

_____ A _____ B _____ C _____ 35+



Preferred night of play _____ Night you cannot play _____

TEAM NAME: _____

MANAGER'S NAME: _____
 (Must be an adult for a teen team)

MANAGER'S MAILING ADDRESS: _____
 (Street)

 (City) _____ (Zip)

MANAGER'S PHONES: (HOME): _____ (WORK): _____

(CELL): _____ (EMAIL): _____

ALTERNATE MANAGER: _____

(PHONE NUMBER): _____ (EMAIL) _____
 (We need to have at least 2 ways to contact your team)

FORMER TEAM NAME (IF ANY): _____



*****OFFICE USE ONLY*****

DATE: _____ PAID: _____ RECEIPT #: _____ INITIALS: _____