CITY OF PRESCOTT PARKS & RECREATION

2016 MEN'S WINTER BASKETBALL LEAGUES

Season Begins -- January 4, 2016

REGISTRATION

Early registration for **returning** Teams, Monday, Nov. 16 by 5pm in person or by mail.
Early registration for **returning/new** Teams Fri., Nov 20 by 5pm in person or by mail
Regular registration (with no guarantee of entry into a specific league), will be from November 23– December 11 by 5pm in person or by mail.

REGISTRATION FEES

$370 per team (early registration), $395 per team (regular registration)
*1 night per week, 9 games, Single Elimination Tournament for top four teams in each division

MANAGER'S MEETING

Monday, December 28, 2015 @ 6pm located in the Grace Sparkes Activity Center Flagstone Room

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 must be 16 years of age in 2016.

ROSTERS

*Rosters must be turned in at the first game. They will be kept in the Recreation Programming Office the remainder of the season. Must be at least 16 years of age to play with parent/guardian permission form.*Participants under the age of 18 must have a parent or guardian sign an additional waiver.

REGISTRATION FORM – FOR INFORMATION CALL 777-1557
or email rick.hormann@prescott-az.gov

*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

Preferred night of play_____ Night you cannot play_____

TEAM NAME: _____

MANAGER'S NAME: _____

MANAGER'S MAILING ADDRESS: _____
(Street)

_____
(City) (Zip)

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

(CELL):_____(Email/Mandatory):_____

ALTERNATE MANAGER:_____

(CELL):_____(Email/Mandatory):_____
(We need to have at least 2 contacts for your team that have email addresses)

Previous Team Name and level of play if applicable
(IF ANY): Team Name _____Level_____

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

DATE:_____PAID:_____RECEIPT #:_____INITIALS:_____