



CITY OF PRESCOTT PARKS & RECREATION
2010 MEN'S WINTER BASKETBALL LEAGUES
Season begins the week of January 4th

REGISTRATION

Early registration for **returning** Teams, Monday, Nov. 16 by 5pm in person or by mail.
Early registration for **new** Teams, Friday, Nov. 20 by 5pm in person or by mail.
Regular registration (with no guarantee of entry into the league), will be from
November 23– December 8 by 5pm in person or by mail.

REGISTRATION FEES

\$355 per team (early registration), \$380 per team (regular registration)
*1 night per week, 9 games, Single Elimination Tournament for top four teams in each division

MANAGER'S MEETING

Tuesday, December 29, 2009 @ 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 may play on as many age bracket appropriate teams as they qualify for.** Players must be 16 years of age*. Players in the 35+ division must be turning 35 or 40 in 2010 to play in those leagues.

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.
*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 _____ 35+ _____ 40+



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)

2009 Team Name or Changing Team Name
(IF ANY): _____



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

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