CITY OF PRESCOTT
PARKS & RECREATION
2014 MEN'S & WOMEN'S SUMMER BASKETBALL
Season begins the week of July 7TH

MANAGER'S MEETINGS / REGISTRATION

Manager's Meeting is scheduled for Tuesday, June 24 at 6:00 pm at the Recreation Programming Office (Grace Sparks Activity Center-Flagstone Room) 824 E. Gurley St.

Early Registration deadline: Tuesday, June 3rd by 5PM in person or by mail.
Regular registration (with no guarantee of entry into the league),
will be from Wednesday, June 4– Tuesday, June 17 by 5PM in person or by Mail.

REGISTRATION FEES

$250 per team (Early Registration), $275 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 level player may play down one league on a B team but not a C team).**

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 2014-2015 school year must have their coach's approval to participate in city 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.
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.

Men's or **Women's** _____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):_____

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:_____