



City of Palo Alto
TEAM REGISTRATION FORM
Adult Basketball –Fall 2009



TEAM NAME: _____

MANAGER: _____

Home/Cell Phone: _____ Work Phone: _____

Fax #: _____ Email: _____

Mailing Address: _____

City: _____ Zip: _____

ASSISTANT MANAGER: _____

Home/Cell Phone: _____ Work Phone: _____

Fax #: _____ Email: _____

PLAYING PREFERENCE

TYPE OF TEAM

Night	Level	*Preference
Monday	Men's D+	
Tuesday	Men's D	
Wednesday	Men's D	
Thursday	Men's C	

RESIDENT (\$579)

*Proof of residency required for each player.

CORPORATE RESIDENT (\$604)

*Proof of business location and list of business players required.

NON-RESIDENT (\$629)

*Preferred night/level of play. Please number 1-4 (1=best, 4=worst)

PAYMENT INFORMATION

VISA MASTERCARD

Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Authorized Signature: _____

CHECK Check #: _____ (Payable to *City of Palo Alto*)

CASH