CITY OF CALABASAS ADULT BASKETBALL ROSTER

CITY of CALABASAS

TEAM NAME:

CAPTAIN NAME: _____ **CELL PHONE:** _____ E-MAIL: _____

Address _____ **City** _____ **Zip** _____

ASSISTANT NAME: _____ **CELL PHONE** _____ E-MAIL: _____

PLAYERS NAME (Please print or type clearly)	**Age**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

PLEASE INDICATE THE DIVISION YOUR TEAM WISHES TO PLAY IN

(Divisions are listed from most competitive to least)

- ☐ MONDAY – INVITATIONAL
- ☐ THURSDAY – EXPERT
- ☐ MONDAY – OPEN
- ☐ THURSDAY – ADVANCED
- ☐ WEDNESDAY – COMPETITIVE
- ☐ TUESDAY – RECREATIONAL
- ☐ WEDNESDAY – ACTIVE
- ☐ TUESDAY – AVERAGE
- ☐ WEDNESDAY – CARDIO
- ☐ WEDNESDAY – LEISURE
- ☐ SUNDAY – FUN
- ☐ SUNDAY - BASIC

Registration Fee: $275-$325 per team (Checks payable to City of Calabasas)

Name that appears on C.C. _____ Billing Address _____

Master Card, Visa or American Express Card Number

Expiration Date

Check #_____