



ALPHARETTA RECREATION & PARKS DEPARTMENT MEN'S ADULT BASKETBALL LEAGUE APPLICATION

TEAM NAME _____

TEAM MANAGER

ASSISTANT MANAGER

ADDRESS

ADDRESS

CITY

CITY

ZIP CODE

ZIP CODE

CELL PHONE

CELL PHONE

HOME PHONE

HOME PHONE

E-MAIL

E-MAIL

___ **TUESDAY "A" LEAGUE**

___ **THURSDAY "B" LEAGUE**

(Please indicate 1st and 2nd choice)

LEAGUE FEE ENCLOSED \$ _____ CHECK(s) _____ if paying by credit card
Security Code _____

AMEX - VISA - M C - DISC Card # _____ Exp ___ - ___
 Please provide address of cardholder, if different from team manager signing up.

Name _____ Address _____ Phone _____

PLEASE COMPLETE ALL SPACES ON THIS FORM. CHECKS SHOULD BE MADE PAYABLE TO ALPHARETTA RECREATION & PARKS DEPARTMENT (or ARPD). **ONLY ONE CHECK WILL BE ACCEPTED!**

THIS APPLICATION MUST BE RETURNED WITH \$400 PAYMENT IN ORDER TO SECURE YOUR TEAM A SPOT IN THE LEAGUE. NO SPOTS WILL BE RESERVED OVER THE PHONE OR WITHOUT MONEY.

For more information please contact Molly Aaron at maaron@alphartta.ga.us or (678) 297-6172.

You can 1) email your application, with subject heading [men's basketball registration](#), 2) register online at <https://apm.activecommunities.com/alpharetta> or 3) turn it in, in person to Alpharetta Community Center 175 Roswell Rd, or 11925 Wills Rd Alpharetta, GA 30004