



ALPHARETTA RECREATION & PARKS DEPARTMENT TEEN LEAGUE BASKETBALL APPLICATION

TEAM NAME _____

ADULT MANAGER

PLAYER MANAGER

ADDRESS

ADDRESS

CITY

CITY

ZIP CODE

ZIP CODE

CELL PHONE

CELL PHONE

HOME PHONE

HOME PHONE

E-MAIL

E-MAIL

JERSEY COLOR PREFERENCE (LIST 3 CHOICES) 1st _____ 2nd _____ 3rd _____

LEAGUE FEE ENCLOSED \$ _____ CASH _____ 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 [teen basketball registration](#) , 2) register on line at <https://apm.activecommunities.com/alpharetta> or 3) turn it in, in person to Alpharetta Community Center 175 Roswell Rd, or Wills Park Rec Center at 11925 Wills Rd Alpharetta, GA 30004