



CITY OF PALMDALE RECREATION & CULTURE

SPORTS TEAM APPLICATION

Please print

TEAM NAME:		
MANAGER'S NAME:		
BUSINESS PHONE:		HOME PHONE:
ADDRESS:	CITY:	ZIP:
SPONSOR:		BUSINESS PHONE:
ADDRESS:	CITY:	ZIP:
EMAIL ADDRESS:		

LEAGUE (Check preference and indicate level: B, C, or D)

<input type="checkbox"/> Coed Volleyball <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Coed Mush Ball Slow Pitch <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Coed Hardball Slow Pitch <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> Men's Slow Pitch <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Adult Basketball Women's 16+ <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Coed Roller Hockey <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
<input type="checkbox"/> Adult Basketball 35+ <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Adult Basketball 16+ <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	<input type="checkbox"/> Kickball <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D

Please note: Requests for specific play days, byes and/or classifications will be considered but are not guaranteed. You must list at least two (2) days that your team is available to play.

1ST CHOICE:	2ND CHOICE:
COMMENTS:	

TEAM MANAGER'S AGREEMENT: I will read Recreation & Culture Player's Code of Conduct for all organized sports. I understand that it is my responsibility to ensure that all members of my team are aware of the rules contained in the Player's Code of Conduct.

Team Manager: _____ Date: _____

Received by: _____ Date: _____