

FOOTHILLS PARK & RECREATION DISTRICT

ADULT SPORTS LEAGUES

SPRING/SUMMER 2012

BASKETBALL – SPRING

MEN'S BASKETBALL TOURNAMENT:

4-Game Guarantee / Ridge
OPEN = TUE
REC = THU
Registration Starts: FEB 13, 2012
Games Start: MAY 15 & 17, 2012
Fee: \$250/team



WOMEN'S 3v3 LEAGUE:

7+ Games / LG
TUE
Registration Starts: FEB 6, 2012
Season: MAR 20 – MAY 15, 2012
Fee: \$300/team

FLAG FOOTBALL – SPRING

MEN'S 8v8 COMP & REC:

7+ Games / Easton Regional Park
SUN MORNINGS
Registration Starts: FEB 6, 2012
Season: MAR 18 – MAY 20, 2012
Fee: \$550/team



LOCATION KEY

CP = CLEMENT PARK
LG = LILLEY GULCH RECREATION CENTER
RIDGE = RIDGE RECREATION CENTER
SAC = SCHAEFER ATHLETIC COMPLEX

SOFTBALL – SUMMER

MEN'S, WOMEN'S & COED:

10 Games + Tourney / CP & SAC
18 Games + Tourney / CP*
SUN – FRI
Registration Starts: FEB 27, 2012
Season: MAY 6 – AUG 17, 2012
Fee: \$640/\$1,120*/team
(*Double-Header leagues offered)



WOMEN'S FAST PITCH:

9 Games + Tourney / SAC
MON
Registration Starts: FEB 27, 2012
Season: JUN 4 – AUG 6, 2012
Fee: \$525/team

MEN'S & COED SUNDAY AFTERNOON LEAGUES:

9 Games + Tourney / SAC
Registration Starts: FEB 27, 2012
Season: JUN 3 – AUG 5, 2012
Fee: \$525/team

VOLLEYBALL (16 & UP) – SPRING

WOMEN'S & COED VOLLEYBALL TOURNAMENT:

4-Game Guarantee / Ridge
WOMEN'S = SUN
COED'S = MON
Registration Starts: FEB 13, 2012
Season: APR 15 – MAY 21, 2012
Fee: \$200/team



\$200 DEPOSIT PLUS REGISTRATION FORM WILL SECURE YOUR TEAM A SPOT!

For details or to register your team, contact
lindsayp@fhprd.org, call 303-409-2615,
or visit www.foothills.org.


Foothills
Park & Recreation District



Clement Park Athletics Office
 7306 W Bowles Ave
 Littleton, CO 80123
 Phone: 303-409-2615
 Fax: 303-409-2630

Foothills Sports Arena
 3608 S Kipling Pkwy
 Denver, CO 80235
 Phone: 303-409-2444
 Fax: 303-409-2440

TEAM REGISTRATION FORM

Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.

DESIRED LEAGUE (Please circle all classifications):

Season:	Winter	Spring	Summer	Fall	Foothills ID number
Sport:	Softball	Basketball	Volleyball	Soccer	Flag Football
Location:	Easton Regional Park	Lilley Gulch Recreation Center	Ridge Recreation Center	Foothills Sports Arena	Schaefer Athletic Complex
Night:	Sun	Mon	Tue	Wed	Thu
					Fri

LEAGUE AND DIVISION: _____
 (ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Second choice if desired league is full: _____

TEAM NAME _____

MANAGER'S NAME _____ MAIN PHONE # _____

ADDRESS _____ 2ND DAY # _____

CITY _____ ZIP _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ MAIN PHONE # _____

EMAIL _____ 2ND DAY # _____

Did your team play in the Foothills league last year or last season? **YES NO** Which? _____
 If yes, what was the name of your team, if different than above? _____

Cash, Check with ID, Credit Card (VS, MC, DISC, AMEX) **Please call the Athletic Office or Foothills Sports Arena to give credit card number.** Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	INITIALS
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____