

Adult Basketball Leagues

Summer 2019

at Ridge Recreation Center

LEAGUE	NIGHT	GYM	TEAM FEE	# OF TEAMS	# OF GAMES
Men's Rec Lower	Thursday	Ridge	\$590	8	9 + Tournament
Men's Rec Upper	Thursday	Ridge	\$590	8	9 + Tournament

League Play begins JUL 18

Registration starts: MON, MAY 20

Deadline to register: FRI, JUL 12

Games begin: THU, JUL 18

Team Fee: \$590 for 9 games plus playoffs.

To register your team you can call Butch at 303-409-2615 or Allison at 303-409-2614.

For more details e-mail breich@fhprd.org



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

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

ADULT 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 select all classifications):

Season: Winter ___ Spring ___ Summer ___ Fall ___
Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___
Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___
 Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___
Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___

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

Second choice if desired league is full: _____

_____ Foothills ID number

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 season? _____
 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 appropriate office listed above to give credit card number. Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

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