



| League | Day | Field | Games | # of Teams | Fees |
|---------------------------------|---------|----------------------|------------------------------|------------|-------|
| Men's 8 on 8 Open | Sunday | Easton Regional Park | 7 + Playoffs Full Contact | 16 | \$550 |
| Men's 5 on 5 Open NEW | Tuesday | Clement Park | 7 + Playoffs | 8 | \$339 |

League play begins week of AUG 18

FIELD LOCATION

Easton Regional Park: 12819 W. Coal Mine Ave Littleton, CO 80127

REGISTRATION INFORMATION:

1. Registration begins: **MON, JUN 24 for RETURNING TEAMS from the 2019 seasons**
2. Managers of new teams can register their teams starting **MON, JUL 1**, on a first-come, first-served basis or until leagues are full.
3. Teams are encouraged to pay their entire fees at the time of registration. However, **a minimum of a \$200.00 non-refundable deposit for the leagues must be made at the time of registration** to guarantee a spot for your team. Balance of all fees is due no later than Friday, August 16.
4. To register your team please call Butch at 303-409-2615 or Allison at 303-409-2614. We accept American Express, Visa, MasterCard & Discover Card, or in person at the Clement Park Athletic Office, 7306 W. Bowles Ave Littleton, CO 80123. MON – FRI: 9am – 5pm.

More Information:

Call Butch at 303-409-2615 or email breich@fhprd.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

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 |
|----------|-------|---------|---------|----------|
| \$ _____ | _____ | _____ | _____ | _____ |
| \$ _____ | _____ | _____ | _____ | _____ |
| \$ _____ | _____ | _____ | _____ | _____ |
| \$ _____ | _____ | _____ | _____ | _____ |
| \$ _____ | _____ | _____ | _____ | _____ |