

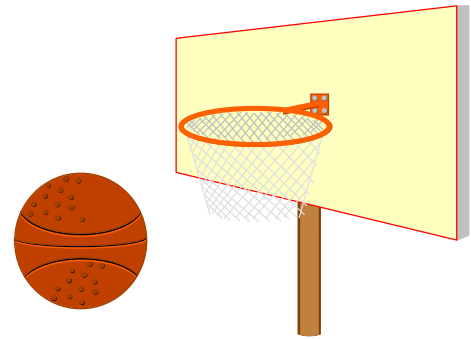
City of Agoura Hills
Department of Community Services
30610 Thousand Oaks Blvd. Agoura Hills, CA. 91301
(818) 597-7361

2008 FALL ADULT BASKETBALL LEAGUE

Tuesday Night Leagues: C Division
D Division

Thursday Night Leagues: C Division
D Division

Sunday Night Leagues: C Division
D Division



League will play at Agoura Hills/Calabasas Community Center and is scheduled to begin the week of September 1, 2008. League schedule may vary pending gym availability. Final day to register and Manager's **mandatory meeting** will be on Wednesday, July 30, 2008 at 8:00 PM at the Agoura Hills Recreation Center. **There will be a \$25 discount if a representative from team attends the managers meeting.**

League Fee is \$425 for 11 games. There are no refunds or transfers once the league has begun. League fee does not include \$30 official's fee per team, per game.

All league fees must be paid Friday, August 15, 2008 at 4:00 pm. There will be a late charge of \$50 if fees are not paid by this date.

*A REFUNDABLE \$50 FORFEIT FEE IS REQUIRED AT THE TIME OF REGISTRATION.

SCMAF (Southern California Municipal Athletic Federation) Team Registration and Players Medical Benefit Fund is included in the team registration fees. Membership in SCMAF includes information on area tournaments. SCMAF Team insurance is available for an additional fee.

For more information, please call the Agoura Hills Recreation Center at (818) 597-7361.

City of Agoura Hills REGISTRATION APPLICATION BASKETBALL LEAGUE

PLEASE PRINT. ALL REQUESTED INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

TEAM NAME: _____ SEASON: _____ YEAR: _____
NIGHT: _____ DIVISION: _____
MANAGER'S NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
EMAIL ADDRESS: _____
BIRTHDAY: _____

ASSISTANT MANAGER'S NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
EMAIL ADDRESS: _____

Estimate the caliber of your team's play: B C D
Has this team played in a league previously? Yes No
Most recent league: (City/District) _____ Year: _____ Team Name: _____
Division: _____ Record: _____ Number of Returning Players: _____
List any night your team cannot play: _____

All league days and dates subject to change.

ALL LEAGUE FEES MUST BE PAID FRIDAY, AUGUST 15, 2008!
LEAGUE FEES: \$425

*League fee does not include \$30 official's fee per team, per game.
A \$50 REFUNDABLE FORFEIT FEE IS REQUIRED AT TIME OF REGISTRATON

To register, return this application with the appropriate signatures and total team fees to the Agoura Hills Recreation Center located at: 30610 Thousand Oaks Blvd., Agoura Hills, CA. 91301

For Information, Call (818) 597-7361

OFFICIAL USE ONLY

Date: _____
Time: _____
Method of Payment: _____
Total Amount: _____

COMPLETE IF PAYING BY CREDIT CARD

CREDIT CARD NO. _____ / _____ / _____ / _____
3 DIGIT SECURITY CODE (BACK OF CC) : _____
Exp. Date _____ VISA MASTERCARD DISCOVER
Name as it appears on card _____
Cardholder's Address _____
Cardholder's Phone number _____