

CITY OF CALABASAS ADULT BASKETBALL ROSTER



CITY of CALABASAS

TEAM NAME: _____

MANAGER: _____ Work/Cell Phone _____ Home # _____ E-mail _____

Mailing Address _____ City _____ Zip _____

ASST. MGR.: _____ Work/Cell Phone _____ Home# _____ E-mail _____

NAME (Please print or type clearly)	Work/Cell Phone	Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

PAYMENT INFORMATION:

Registration Fee: \$250

Make Checks Payable to City of Calabasas

If paying by credit card (visa/ master card only)

_____/_____/_____/_____

Expiration Date: _____

Cardholders Name:

Billing Address:

Please turn into: De Anza Park
3701 Lost Hills Road
Calabasas, CA 91301

Email: lwilhelm@cityofcalabasas.com

Please mark preferred night: M_____ T_____ W_____ TH_____

Mark in order of preference. 1st choice is not a guarantee.

Tuesday and Thursday nights are played at A.C. Stelle Middle School

Monday and Wednesday night is played at A.E. Wright Middle School