



City of Atascadero  
Recreation Department

**ADULT BASKETBALL LEAGUE  
TEAM APPLICATION AND ROSTER**  
REGISTRATION CLOSING MARCH 3<sup>RD</sup>, 2025

TEAM NAME: \_\_\_\_\_

SEASON: SPRING 2025

**\*\*\*GAMES WILL TAKE PLACE ON SUNDAYS\*\*\***

Team Manager: \_\_\_\_\_

Assistant Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Applications are accepted on a team basis only. **Applications must be filled-out completely with names, phone numbers, and addresses. Incomplete rosters will not be accepted, NO EXCEPTIONS.** There is a minimum of 8 players and a maximum of 16 players per roster.

**League fees are \$489.00 per team. Non-residents are \$5 per player, 8 or more non-residents, add 10% (\$48.90)**

ACTIVITY NUMBER

#1300.853

As manager I assume responsibility for the conduct and sportsmanship of all team members. All information provided on the front and back of this form is valid and verifiable. **Sign both sides.**

**MANAGER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(More on the back)

**OFFICE USE ONLY:**

League Fees: \_\_\_\_\_ Non-Resident Fees: \_\_\_\_\_ Total Fees: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Approved By: \_\_\_\_\_

**ADULT BASKETBALL LEAGUE  
TEAM APPLICATION AND ROSTER**

All information must be clearly legible, accurate, and verifiable.

TEAM NAME: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

**PLEASE PRINT**

PLAYERS NAME	PHONE	ADDRESS	CITY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			

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**MANAGER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_