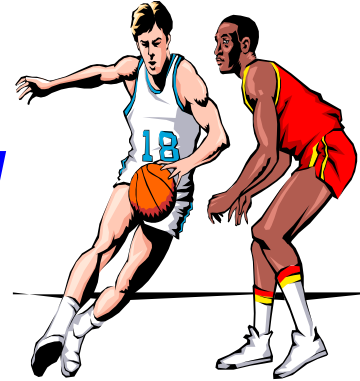




# 2010 ADULT

## Co-Ed Basketball



*Sponsored by:*

**LEMOORE PARKS & RECREATION  
DEPARTMENT**

**Registration Deadline: Thursday, March 4<sup>th</sup>**

**Managers Meeting: Thursday March 4<sup>th</sup>, 7pm.**

**NO REFUNDS**

**Thursdays**

**Game Times:** 6:30 and 7:30 p.m.

**Location:** Lemoore Recreation Center

**League Games:** March 11<sup>th</sup> – April 15<sup>th</sup>

**League Fee:** \$140 per team (6 games)

No limit to number of players per team



**PLAYERS MUST BE OUT OF HIGH SCHOOL  
AND AT LEAST 18 YEARS OLD.**

*NO CURRENT COLLEGE OR PROFESSIONAL PLAYERS!*

*For more information call:*

**Lemoore Parks & Recreation Department at 924-6767.**

**LEMOORE PARKS AND RECREATION DEPARTMENT**

*2010 ADULT BASKETBALL LEAGUE*

**OFFICIAL TEAM ROSTER**

**TEAM NAME:** \_\_\_\_\_ **MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **PHONE:** HM- \_\_\_\_\_ WK- \_\_\_\_\_

**ASSISTANT MANAGER:** \_\_\_\_\_ **PHONES:** \_\_\_\_\_

**e-mail addresses:** \_\_\_\_\_

**ALL PLAYERS MUST READ AND SIGN**

I, THE UNDERSIGNED, HEREBY AGREE TO PLAY WITH THE ABOVE NAMED TEAM AND TO COMPLY WITH ALL THE RULES AND REGULATIONS OF THE LEMOORE PARKS AND RECREATION DEPARTMENT. I AGREE TO HOLD THE DIRECTORS, OFFICIALS, STAFF AND THE CITY OF LEMOORE AND LEMOORE HIGH SCHOOL DISTRICT FREE AND HARMLESS FROM ANY AND ALL LIABILITY WHATSOEVER. I ALSO UNDERSTAND THAT IT IS THE RESPONSIBILITY OF EACH PLAYER TO PROVIDE THEIR OWN MEDICAL/ACCIDENT INSURANCE.

PLAYER NAME (PLEASE PRINT)	ADDRESS	PHONE	SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

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