



# SUMMER Men's Basketball

SportsCity  
2010

Sunday Afternoons / Evenings

Starts: 08-22-2010

Deadline: 08-08-2010

**NO GAMES: 09/05**

**\$400.00** (per team / includes tax) **Pay in full by your 1st game and receive \$50 off!**

**8 games** (9+ GAMES for top 4 teams per level. See rules)

Must be at least sixteen (16) yrs old to participate.

Additional days added if needed. Double headers possible.

APPLIES TO ALL NEW and RETURNING TEAMS EACH SESSION:

Registration form (front/back) & Deposit mandatory to register by deadline. Updated roster (even if same players) is due by FIRST game and is frozen after the 2nd game (see rules for exceptions).

Waiver current before participant can play.

LEVEL:    A            B            Levels combined if need be.

TEAM NAME: \_\_\_\_\_  
(Limit 25 letters)

RESPONSIBLE PARTY: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Must be 18 or older)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

QUESTIONS?

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425 Mock Ave - Blue Springs, MO 64014  
816-229-1314 [www.sportscitykc.com](http://www.sportscitykc.com)



**Must complete all three (3) sections.**

**SECTION 1: TEAM / RESPONSIBLE PARTY INFORMATION**

YEAR: 2010

SPORT: BASKETBALL

SESSION: SUMMER

DIV: MEN'S

I am aware of all requirements necessary to register and play a team at SportsCity. I will ensure that all team members are to be aware of the Rules of Play. I understand that I am responsible for ensuring the entire league fee is paid whether the team completes the session or not.

TEAM NAME: \_\_\_\_\_  
(Limit 25 letters)

RESPONSIBLE PARTY: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Must be 18 or older)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: [home] \_\_\_\_\_ [cell] \_\_\_\_\_ [work] \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (Required / Print VERY clearly)

**SECTION 2: CHARGE / DEBIT CARD AUTHORIZATION: Mandatory**

I authorize SportsCity to automatically charge any balance due after the teams second (2nd) game. If the charge is denied, I understand the team will be removed from the league and all games will be forfeited. NO refunds will be issued.

Visa  MasterCard  Discover  American Express AMOUNT: \$ \_\_\_\_\_

NAME ON CARD (print): \_\_\_\_\_

PHONE NUMBER: [H] \_\_\_\_\_ [W] \_\_\_\_\_ [C] \_\_\_\_\_

CARD #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Required)

**SECTION 3: SCHEDULE REQUESTS**

Requests are NOT guaranteed. Only requests submitted on this form will be accepted. Once schedule is complete no requests will be taken or changes made. Each team is only allowed TWO (2) requests.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_