

**Lombard Park District
Team Application Form
League: 2010 Fall Adult Baseball**

3156-0 Over 30 "A" Su/Tu _____	3156-1 Over 30 "B" Su/Th _____	3156-2 Over 30 "C" Su/Wed _____
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Please print legibly

2010 Team Name: _____

2010 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ (W) _____

E-mail Address: _____

Circle One: Resident Team \$705 Non Resident Team \$805

*Teams paying \$100 deposit must also leave a valid credit card #
League fees are due in full by 8/14.
If not received, credit card will be charged balance of league fees.*

******OFFICE USE ONLY******

Amount Received: _____

Credit Card # _____

EXP: _____

Signature: _____

CHK # _____

Cash: _____

Received By _____

Date: _____

Program Code # _____