

**Lombard Park District
Team Application Form
League: 2010 Spring Adult Basketball**

League: Tuesday 4155-0_____

2010 Team Name: _____

2010 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ **(W)** _____

E-mail Address: _____

Teams may pay a \$100 deposit to hold spot, must also leave a valid credit card #.

League fees are due in full by 3/1/10.

If not received, credit card will be charged balance of league fees.

Office Use Only

Amount Received: _____

Credit Card # _____ EXP: _____

Chk # _____ Cash: _____

Received By _____ Date: _____

Program Code # _____