



CITYWIDE ATHLETICS

ADULT LEAGUE INDIVIDUAL INTEREST FORM

Please fax completed form to Antoinette Daniel, Recreation Program Coordinator at 206 615-0073.

Name of league: _____

Contact Name: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: (Day) _____ Phone: (Cell) _____

Skill Level (check one): A) Higher Division B) Middle Division C) Lower Division

This form does not guarantee your space. Your information will be distributed to team captains. If there is space available on individual teams the team captain will contact you directly.

Citywide Athletics
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206.684-7092 office
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