



CITYWIDE ATHLETICS ADULT LEAGUE INTEREST FORM

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

Name of league: _____ Captain/ Team Contact Name: _____

Team Name: _____ Email Address: _____

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

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

Team Skill Level (If team numbers allow) A) ____ higher div B) ____ middle div C) ____ lower

If individual players are looking for a team to play on, will your team have additional spots? _____

This form does not guarantee your team's space. Teams are required to have a representative at the announced Team Captains Meeting, complete a Team Roster, and pay a \$200.00 deposit. All balances MUST be paid in full one week before the first game or your team will not be eligible to play in the league. Teams are accepted on a first come first serve basis. Space is limited, register early!

Citywide Athletics
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