



# DUBLIN RECREATION SERVICES

## 2009 -2010 WINTER BASKETBALL APPLICATION



Team Name: \_\_\_\_\_ Manager's Name: \_\_\_\_\_  
This year

Team Name: \_\_\_\_\_ League/Division: \_\_\_\_\_  
Last year

Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Important Dates

<b>Current - Nov. 17</b>	<b>Must contact Mike Croft via e-mail or phone to confirm league status</b>
	Sports Program Supervisor will e-mail returning manager receipt of registration
<b>Nov. 18</b>	<b>Wait list teams will be contacted</b>
<b>Nov. 18-30</b>	<b>League payment will be accepted during this period only</b>
	Checks may be dropped off at the front desk
	Credit card payments will be accepted over the phone 410-4550 or at the front desk
	Checks will not be accepted through postal mail
<b>Dec. 2</b>	<b>Mandatory managers meeting @ 6:30 in the DCRC</b>
<b>Week of Dec. 7</b>	<b>First week of regular season</b>

If teams are awaiting a sponsorship check they must reserve their spot via credit card, which will be charged.  
Sponsors must reimburse team

For all questions please contact Mike Croft: [mcroft@dublin.oh.us](mailto:mcroft@dublin.oh.us) or 614-410-4562

### PAYMENT INFORMATION: ALL LEAGUE PAYMENTS ARE \$375

#### Office use only

Amount Paid \$ \_\_\_\_\_

#### Type of Payment

Check # \_\_\_\_\_ please staple or clip check to application

Type of Credit Card : Master Card / VISA / Discover

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_ /

Date received by office \_\_\_\_\_ / / Input into Rectrac by \_\_\_\_\_

Print Name

**Once this form is fully completed please return to the Dublin Community Recreation Center, do not mail!!!**



|

|