



**Alameda Recreation and Park Department**  
 2226 Santa Clara Avenue, Alameda, CA 94501  
 (510) 747-7529 / FAX – (510) 523-4071

## ADULT FLAG FOOTBALL TEAM APPLICATION

(Please print clearly)

**Please check our website for any ADULT FLAG FOOTBALL information:  
<http://www.alamedaca.gov/recreation>**

MANAGER'S NAME \_\_\_\_\_

MANAGER'S MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MANAGER'S DAY PHONE ( ) \_\_\_\_\_ MANAGER'S EVENING PHONE ( ) \_\_\_\_\_

MANAGER'S E-MAIL ADDRESS: \_\_\_\_\_

SPONSOR'S NAME OR TEAM NAME \_\_\_\_\_

1. Was your team entered in last year's league play?..... Yes \_\_\_\_\_ No \_\_\_\_\_
2. What was the name of your team last year? \_\_\_\_\_
3. Is your team name or sponsor different from last year? ..... Yes \_\_\_\_\_ No \_\_\_\_\_  
 If different, please state new name \_\_\_\_\_
4. Is your team sponsored by an Alameda business firm? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Classification (check one) C _____ \$650.00	SATURDAYS _____
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**\*\*\* OFFICE USE ONLY \*\*\***

Deposit .....Amount: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Entry Fee Balance .....Amount: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Total Team Monies.....Amount: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

League \_\_\_\_\_ Night(s) \_\_\_\_\_ Field \_\_\_\_\_