

**Lombard Park District
Team Application Form
2017 Fall Adult Over 30 Baseball**

(check one)

_____ 301210-01 Tuesday A _____ 301210-02 Thursday B _____ 301210-03 Wednesday C

Please print legibly

2017 Team Name: _____

2017 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ (W) _____

E-mail Address: _____

Circle One: Resident Team \$875 Non Resident Team \$975

Teams may pay \$100 deposit to hold spot in league, but must also leave valid credit card #. If full payment is not received by August 4, 2017, card will be charged balance of league fee. Teams whose credit card is declined will lose spot in league.

**Completed form may be emailed to nkinsinger@lombardparks.com
Fax to (630) 620-0762, or bring in to Sunset Knoll Recreation Center – 820 S. Finley Rd.**

Amount Received: _____ Date: _____ Staff initials: _____

Amount Received: _____ Date: _____ Staff initials: _____

Credit Card # (Visa, MC, Discover) _____ EXP: _____

Signature: _____

CHK # _____ Cash: _____

Program Code # _____