

**Lombard Park District
Team Application Form
2019 Summer Adult Over 30 Baseball**

_____ 201210-01 Over 30

Please print legibly

Team Name: _____

Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ **(W)** _____

E-mail Address: _____

Circle One: Resident Team \$550 Non Resident Team \$650

Teams may pay \$100 deposit to hold spot in league, but must also leave valid credit card #. If full payment is not received by May 24, 2019, card will be charged balance of league fee. Teams whose credit card is declined will lose spot in league.

Completed form may be Faxed to 630-620-0762, mailed in or brought in to Sunset Knoll Recreation Center – 820 S. Finley.

Amount Received: _____ Date: _____ Staff initials: _____

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

Signature: _____

CHK # _____ Cash: _____

Program Code # _____