

CITY OF SACRAMENTO

DEPARTMENT OF PARKS AND RECREATION

RECREATION DIVISION

NAME (First and Last)	HOME ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

NAME (First and Last)	MAILING ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
TEAM MANAGER					
ALTERNATE CONTACT					

TEAM NAME	LEAGUE FEE
	NON-RESIDENT FEES
	RECEIVED BY
	DATE

CREDIT CARD PAYMENT SLIP
AMOUNT PAID: _____ **NAME (AS IT APPEARS ON CARD):** _____
CHARGE CREDIT CARD (Please Circle): VISA MASTERCARD
CREDIT CARD # _____
CARD EXPIRATION DATE: ___/___ (mm/yy) **3 Digit Verification Code (Back of Card-Last 3 Numbers)** _____

Signature: _____ **Email Address:** _____