



CITY OF LAFAYETTE

Adult Sports League Application

111 W. Baseline Road • Lafayette, CO 80026

Phone 303.665.0469 • Fax 303.665.0987

TEAM NAME _____

TEAM CAPTAIN _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE _____ SECONDARY PHONE _____

PREVIOUS TEAM NAME (IF CHANGED) _____

SPORT

Basketball

Soccer

Kickball

Softball

Flag Football

Soccer

SEASON

Winter

Spring

Summer

Fall

DAY/NIGHT

Sun

Mon

Tue

Wed

Thur

Fri

DIVISION

Men

Women

Coed

Senior

40+

LEAGUE

Competitive

Most skilled

Recreational

Mix of skill levels

Leisure

Less skilled

CREDIT CARD INFO

Cardholder _____ Number _____

Expiration Date _____ Security Code _____ Zip _____

Amount Applied to Card: \$ _____

**ALL APPLICATIONS REQUIRE MINIMUM 50% DEPOSIT (APPLIED TO LEAGUE FEE) AT TIME OF REGISTRATION.
PAYMENTS CAN BE MADE IN CASH, CREDIT CARD OR CHECK PAYABLE TO "CITY OF LAFAYETTE".**

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ TIME: _____

DEPOSIT COLLECTED? YES _____ NO _____ AMOUNT \$ _____