



2020 Adult Basketball League

Registration Information: Mail in or Register at the Kiwanis Community House (4603 Lions Park Drive). Alternatively, download a copy at www.cheyennerec.org and turn in completed form, with payment, to the Kiwanis Community House. Office hours are Monday-Friday, 7:30am-4:30pm or email to dcontreras@cheyennecity.org. If paying by check, include check with registration form. If paying by credit card, you will be contacted by phone to make the payment once your registration form is received. Please indicate payment method below:

Check Card

Fees: \$400/team and \$20/player fee per player. **Team fees must be paid at time of registration.**

*Player fees are due by the second week of the season or teams will forfeit games until all fees are paid.

League Begins: September 28, 2020 and offers 10 games guaranteed plus end of year tournament.

Location: TBD

Team Representative Meetings: September 15, 2020 12:00 p.m. & 6:00 p.m. at the Cheyenne Youth Activity Center and Community Center, 1317 Parsley Blvd.

If the team representative is unable to make the meeting, please send someone in your place. The meeting is intended for schedule pick-up and any relevant information about the league.

Disclaimer: Due to the COVID-19 pandemic, if the program is cancelled prior to the season, a refund will be offered and prorated if season is cancelled after the start of the program.

It is required for team representatives to read the 2020 Adult Basketball League Rules, and all athletes must read and sign the City of Cheyenne Community Recreation and Events Athlete Bylaws.

We look forward to having you as part of the 2020 Adult Basketball League.

David Contreras

307-637-6425

dcontreras@cheyennecity.org

Use www.Cheyennerec.org for all league information.

The mission of the Recreation Division is to enrich the quality of life through providing cost-effective opportunities for recreational activities, focusing on life-long wellness through exceptional programs, activities, and events for all ages in the community.



2020 Adult Basketball League Registration Form

Please complete form entirely or registration cannot be accepted.

Team Name: _____

Sponsor: _____

Team Representative #1: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ Email: _____

Team Representative #2: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ Email: _____

Division Preference:

Teams will be assigned to divisions based on the information provided on this form. If information is left blank, League Directors will assume the player/team has upward mobility concerning divisional placement. Indicate your 1st and 2nd choice for the division you can compete in, not just win. Number of divisions may vary from what is shown, due to registration.

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 - Excellent Team Ability | <input type="checkbox"/> 2 - Very Strong Team Ability | <input type="checkbox"/> 3 - Strong Team Ability |
| <input type="checkbox"/> 4 - Good Team Ability | <input type="checkbox"/> 5 - Average Team Ability | <input type="checkbox"/> 6 - Below Average Team Ability |
| <input type="checkbox"/> 7 - Weak Team Ability | <input type="checkbox"/> 8 - Poor Team Ability | <input type="checkbox"/> 9 - Very Poor Team Ability |
| <input type="checkbox"/> 10 - Novice/Starters | | |

Last Year's Team Information:

Did not play last year Played last year (please fill out information below)

Team Name: _____ Last Year's Division: _____ # of Returning Players: _____

Scheduling Requests: _____

Team Roster

* Experience Status - A - Major College (4yr) Pro Ball B - Jr. College Starter C - High School Varsity Starter/Jr, College
D - High School Varsity Starter E - High School Varsity Non-Starter F - Below High School Varsity Non-Starter

1. Team Rep #1: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

2. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

3. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

4. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

5. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

6. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

7. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

8. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

9. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

10. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

11. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

12. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

13. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

14. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

15. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

16. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

17. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

18. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

19. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

20. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____