



2021 Adult Basketball League

Registration Information: 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: \$520/team. **Team fees must be paid at time of registration.**

League Begins: September 13, 2021 and offers 10 games guaranteed plus end of year tournament.

Location: Eastridge Facility (Old Carey Jr. High)

Team Representative Meetings: September 7, 2021 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.

It is required for team representatives to read the 2021 Adult Basketball League Rules, and all athletes must read and sign the City of Cheyenne Community Recreation and Events Athletic Bylaws.

We look forward to having you as part of the 2021 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.



2021 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.

- 1 - Excellent Team Ability 2 - Very Strong Team Ability 3 - Strong Team Ability
- 4 - Good Team Ability 5 - Average Team Ability 6 - Below Average Team Ability
- 7 - Weak Team Ability 8 - Poor Team Ability 9 - Very Poor Team Ability
- 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: _____

Office Use: Receipt Number: _____ Total Payment Amount: _____
Check [] Card [] Cash [] Sponsor Form [] Date Received: _____