

CAPITAL CITY BASKETBALL



All Major Credit Cards Accepted

Cash, Money Orders and Company Checks Accepted

NO PERSONAL CHECKS!

Athletics Office
515 S. Pleasant Valley Rd.
Austin, Texas 78741

Phone: 512.978.2670

Fax: 512.978.2684

E-mail:

PARDATHLETICS@austintexas.gov
#CAPCITYsports & #CAPCITYathletics



Registration: Begins **Tuesday August 1st** and ends **Friday August 18th**, (Space is limited) customers who register in person will have priority over customers who email/fax their forms.

NO FORMS WILL BE ACCEPTED BEFORE 9:00 AM TUESDAY August 1st.

League: Teams are guaranteed 8 games. Teams will compete in a **7 game regular season with all teams making the playoffs. Seeding for the playoff will be based on record.**

Registration Site: **Athletics Office Hours: Monday-Friday; 9 am-6 pm**

Entry Fees: COA Resident \$335 / COA Non-Resident \$366

Refund Policy: No refunds will be given for teams dropping out of the league after 6PM on **Friday August 18th.**

Notes: The Athletics Office will make every effort to accommodate your requests. However, no guarantees can be made because of high demand and limited space. There may be a need to combine leagues and adjust the number of games, without notice. The Athletics Office reserves the right to move your team to an alternate night, group or division, if necessary.

Divisions: **High Level Teams:** Are not restricted by number of ex-professional and ex-collegiate players on the roster.

Medium Level Teams: Are restricted to **three (3)** ex-collegiate players who lettered in basketball and no ex-professional basketball players.

Low Level Teams: Are not permitted to have any ex-collegiate or ex professional basketball players.

Considerations will be made for female participants wishing to participate in any men's division

Monday	Tuesday	Wednesday	Thursday
Virginia Brown Medium	Doris Miller Low	Montopolis Low	Northwest Low
Givens Medium	Pan Am Medium		
	Gus Garcia Medium		Zaragoza High

2017 Fall Basketball Registration			
Team Name:			
Manager:			
Address:			
City:	Zip Code:		
Cell/Hm. Phone:	Wk. Phone:		
Email:			
Cardholder Name:	Phone:		
Billing Address:	Zip Code:		
Credit Card Number:			
Expiration Date:	3-Digit Code #: (Back of Card)		

The City of Austin is proud to comply with the Americans with Disabilities Act. If you require assistance for participation in our programs or use of our facilities, please call (512) 978-2670.