



Adult Basketball Registration Form

Full Payment Is Due With Registration

Print this form. Drop-off/mail your completed registration form with payment to:
Brien Halterman, Arlington Heights Park District,
410 N. Arlington Heights Rd., Arlington Heights, IL 60004
or FAX your registration form to 847.506.2735.

Team Name _____

Captain Name _____

Co-Captain Name _____

Street _____

Street _____

City, Zip _____

City, Zip _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Mobile Phone _____

Mobile Phone _____

FAX _____

FAX _____

E-mail _____

E-mail _____

Fee:

Registration Fee \$600.00

Number of Non Residents _____ x \$5.00 = _____

Total Fee _____

League Preference:

A

B

Payment:

Cash (must be in-person)

Check

Charge Card Information:

Visa Mastercard Discover

Card Number _____ Expiration Date _____

Signature _____