



YEAR/SEASON: _____

SANTA CRUZ PARKS AND RECREATION DEPARTMENT
MANAGER'S INFORMATION CARD

Sport (circle):		DO NOT FILL OUT DEPARTMENT USE ONLY
Team Name:	League Preferred:	League Assignment
Last Year's Team Name & League:		No. of Players on Roster
Manager:		No. of Residents
Address:		PRIORITY
City:	Zip:	E-mail:
Home Phone:		Work Phone:
		FAX#:
Best number/email to contact manager during the day:		NCR X \$20. = \$
Asst. Manager:		Day Phone:
Daytime E-mail/fax/phone:		Cash Check Visa/MC
Nights team is available to play(list 1 st ,2 nd ,3 rd choice): Su__M__T__W__Th__F__		Received by:
Playoff preference 1 st Game 2 nd Game		Date: