

CITY OF SACRAMENTO

DEPARTMENT OF PARKS AND RECREATION

RECREATION DIVISION

This file can be saved with your input only if you use Acrobat Standard or Professional - not Acrobat Reader. If you are using Reader, please print this page before closing as all information will be lost.

NAME (First and Last)	HOME ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

NAME (First and Last)	MAILING ADDRESS	CITY	ZIP CODE	DAY PHONE	HOME PHONE
TEAM MANAGER					
ALTERNATE CONTACT					

TEAM NAME	LEAGUE FEE	RECEIVED BY
	NON-RESIDENT FEES	DATE
	TOTAL FEES	

CREDIT CARD PAYMENT SLIP

AMOUNT PAID: \_\_\_\_\_ NAME (AS IT APPEARS ON CARD): \_\_\_\_\_

CHARGE CREDIT CARD (Please check appropriate box.):    VISA    MASTERCARD

CREDIT CARD # \_\_\_\_\_

CARD EXPIRATION DATE: \_\_\_\_/\_\_\_\_ (mm/yy)    3 Digit Verification Code (Back of Card-Last 3 Numbers) \_\_\_\_\_    Signature: \_\_\_\_\_