



# Town of Westport Parks & Recreation

## MEN'S SUMMER BASKETBALL LEAGUE

NAME OF TEAM: \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

SHIRT SIZES: XXL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ (ONLY 10 SHIRTS WILL BE PROVIDED)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Please fill out and enclose a check payable to the **Recreation Programs Account** for \$900 and mail to:

Westport Parks and Recreation Department  
Cyndi Palaia  
260 South Compo Road  
Westport, CT 06880

ATTN: Summer Basketball League

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### FOR OFFICE USE ONLY

Team Name \_\_\_\_\_

Check Received \_\_\_\_\_

Signature \_\_\_\_\_