

BURLINGAME PARKS AND RECREATION DEPARTMENT**MANAGER'S INFORMATION CARD**

Season / Year:

Sport: Co-Ed:___ Women's:___ Men's:___ Other:___

Team Name:

Please Do Not Fill Out!

Last Year's Team Name/League:

FOR DEPARTMENT USE:

Manager: Home #:

League Assignment:

Address: Cell #:

of Players on Roster:

City: Fax #:

of Residents:

Zip: E-Mail:

Priority

Asst. Manager:

Total Fee Collected: \$_____

Home Phone: Work Phone:

Cash / Visa / MC / M.O. / C.C.

Nights Preferred: Mon__ Tues__ Wed__ Thurs__ Fri__

Nights Not Preferred: Mon__ Tues__ Wed__ Thurs__ Fri__

Received By:

League Preferred: 1st Choice:_____ 2nd Choice:_____ 3rd Choice:_____

Date: