



## 2017 Fall Women's Basketball Leagues

Leagues format will be round-robin, plus a tournament.  
All leagues include at least 7 games for the price of \$370/team.

| Skill Level | Night    | Location                | Start Date | Deadline   |
|-------------|----------|-------------------------|------------|------------|
| Semi-Comp   | Tuesday  | Holladay Lions Rec.     | Sept. 19th | Sept. 12th |
| Rec         | Thursday | Cottonwood Heights Rec. | Sept. 21th | Sept. 14th |

## Payment Plans

If you do not want to pay amount in full we can do payment plans. Teams can do a monthly withdrawal from a debit/credit card. After first initial down payment at time of registration, the payments will be withdrawn every month on the 15th for the next 2 months. A \$17 payment plan fee is added to each registration as a convenience fee. If you are interested in a payment plan, you must sign up in person at the sports office and bring the following:

- This registration form with the down payment.
- For Credit/Debit Card Withdrawal we need your credit card and photo ID.

### Payment Plans League Fees

| LEAGUE                   | Down / (2)Monthly Payments |
|--------------------------|----------------------------|
| Round Robin + Tournament | \$129.00                   |

## Skill Levels

**Recreation**—This is your everyday gal who likes to play ball. This is a good place to start if you are not sure where you fit in. Teams are not allowed to have any college basketball players for this league unless the player is over the age of 40.

**Semi-Competitive**—Athletic gals that have played some organized basketball. Many high school athletes or skilled basketball players looking for some good competition. Teams are allowed no more than two D1 or D2 college players per team in this league.

## League Information

- The leagues are separated by skill level. Read the description to the right to best match your teams ability with the correct league.
- Adult basketball is governed by Utah High School Association Rules. All modifications can be found in our guide book which can be located online at [www.recreation.slco.org/sportsoffice](http://www.recreation.slco.org/sportsoffice).
- Rosters will hold up to 20 people per team.
- Games are played earliest time at 6:00pm and latest time at 9:00pm depending on the location.
- Prizes: 1st and 2nd place will receive prizes. The leading 3pt champ and leading scorer of the league will receive a prize.

### Questions???

Call Sports Office #385-468-1670

Email Josh at [jolmstead@slco.org](mailto:jolmstead@slco.org)

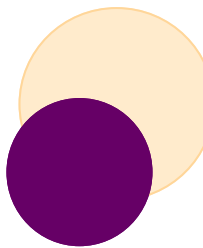
## Gym Locations

### Cottonwood Heights Rec

7500 South 2700 East

### Holladay-Lions Center

1661 East Murray-Holladay Road



# Women's Fall Basketball Leagues

## 2017



[www.slco.org/sports-office](http://www.slco.org/sports-office)

# 385-468-1670

### **Register in Person:**

Sports Office-5201 South Murray Park Lane

### **Register Online:**

[www.slco.org/sports-office](http://www.slco.org/sports-office)

### **Call with Payment:**

385-468-1670

## 2017 Fall Women's Basketball League Registration Form

**Deadline:** All entries must be received by 5:00 PM on the deadline date listed on the back.

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

Manager's Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Member: \_\_\_\_\_ Best Phone #: \_\_\_\_\_

### **Please select the league you wish to sign up for**

**Skill Level (circle):**    **REC**            **SEMI-COMP**            **COMP**

**First Choice:**    Night: \_\_\_\_\_ Location: \_\_\_\_\_

**Second Choice:** Night: \_\_\_\_\_ Location: \_\_\_\_\_

I, as manager, accept responsibility for payment of the registration fees for the above listed basketball team and agree to pay Salt Lake County a reasonable attorney fee in the event that my account is referred to the County Attorney for Collections. Accounts 30 days past due will be turned over to the Salt Lake County Attorney for collection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Check here to be contacted about inclusion opportunities for people with disabilities.



| OFFICE USE ONLY... | TILL ID # | AMT.  | BY: | DATE: |
|--------------------|-----------|---|-----|-------|
| Payment Plan?      | YES NO    | If YES, Payment Plan form filled out and attached? YES NO |     |       |