

# **Men's Basketball League**

**League:** Thursday Night League

**League Starts:** January 12, 2017

**Register By:** December 10, 2016

**Registration Fee:** \$250 for returning teams  
\$275 for new teams

**Forfeit Fees:** \$100 due at time of registration

**Official's Fees:** \$25 per team, per game

**Registration will be taken at the Recreation Center,  
located at 5111 Benito Street, Montclair.  
League is limited to eight teams. All games will be  
played at the Montclair Community Center Gym.**



**MONTCLAIR**

**For more information  
please call (909) 625-9496**



**CITY OF MONTCLAIR  
HUMAN SERVICES DEPARTMENT  
(909) 625-9496  
MEN'S ADULT BASKETBALL LEAGUE**



**DIVISION OFFERED**

Thursday Evening - Men's League, beginning January 12, 2017.

A minimum of four (4) teams are needed and a maximum of eight (8) teams will be allowed to register for each league. League games and playoffs will be played at the Montclair Community Center, 5111 Benito Street, Montclair.

**GAME TIMES:** Games will be played at 6:15, 7:15, 8:15 and 9:15 p.m. or 6:30, 7:30 and 8:30 p.m. Teams will play at all times throughout the season. The gymnasium will open approximately 15 minutes prior to the first scheduled game.

**REGISTRATION DATES:** November 7, 2016 – December 10, 2016. Registration is taken on a first come first serve basis. Registration will be taken up to closing date or until the league is full.

**REGISTRATION FEES:**                    \$275 for new teams, plus \$100 forfeit fees  
   \$250 for returning teams, plus \$100 forfeit fees

**FORFEIT FEES:** Forfeit fees of \$100 **must** accompany the registration fee. Any money due back at the end of the season will be returned by mail to the team manager.

**Note:** No refunds.

**OFFICIAL'S FEES:** \$25 is to be paid by each team to the score table **BEFORE** each game (including playoffs).

## **LEAGUE APPLICATION PROCEDURES**

All teams must complete and submit the attached Team Application and registration payment in full (including forfeit fees) to the Recreation Center, 5111 Benito Street, Montclair.

**RETURNING TEAMS:** All returning teams must have a minimum of 50% of the previous league roster and keep the same team name. A returning team may sit out only one season. Sitting out two or more seasons will constitute new team status. **Registration deadline for both returning and new teams will be Saturday, December 10, 2016.**

**MANAGERS MEETING:** A **MANDATORY** meeting will be held on **Thursday, January 12, 2017 at 6:00 p.m.** at the Montclair Community Center, 5111 Benito Street, Montclair. Managers will be notified of their first game time prior to the meeting. Managers will receive their team's game schedule and rules will be covered thoroughly at the meeting. If a team does not have a representative present at the meeting they may be withdrawn from the league. **ROSTERS MUST BE TURNED IN AT OR BEFORE THE MANAGERS MEETING.**



**CITY OF MONTCLAIR  
HUMAN SERVICES DEPARTMENT  
(909) 625-9496  
MEN'S ADULT BASKETBALL LEAGUE  
TEAM APPLICATION**



**All teams must submit this form with the registration fees ON or BEFORE 5 p.m. on Saturday, December 10, 2016 to the Human Services Department, 5111 Benito Street, Montclair.**

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

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

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Asst. Manager: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**TEAM BACKGROUND INFORMATION**

Please list last city league your team played in: \_\_\_\_\_

League Classification: \_\_\_\_\_

Team Record: \_\_\_\_\_

I, the undersigned, as a representative of the above named team, acknowledge that participation in athletic events necessarily involves risk of physical injury, and we are voluntarily participating in this program and insurance is our responsibility. I hereby release, discharge, and hold harmless the City of Montclair, its officers, agents, employees, volunteers and other representatives from any claims, actions, or demands arising out of our participation in these events sponsored by the City of Montclair, including any physical injury caused by the negligence or omission of any officers, agents, employees, volunteers or other representatives of the City of Montclair.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

.....

OFFICE USE ONLY

DATE RECVD: \_\_\_\_\_ RECEIPT NO.: \_\_\_\_\_ AMT: \$ \_\_\_\_\_

