

# SUMMER BOCCE LEAGUE

Tuesday, Wednesday, &  
Thursday Night Options

## **Registration Deadline:**

June 23rd

## **League Fees:**

- \$160 per team
- 8 weeks guaranteed
- Game Times: 6:00PM, 6:50PM, and 7:40PM
- Begins July 9th, 10th, and 11th

Returning teams have  
priority registration



Register at: [www.quickscores.com/cityofsancarlos](http://www.quickscores.com/cityofsancarlos)  
or email [athletics@cityofsancarlos.org](mailto:athletics@cityofsancarlos.org)

**CITY OF SAN CARLOS PARKS & RECREATION  
DEPARTMENT ADULT BOCCE  
TEAM REGISTRATION FORM**

<p>_____ Tuesday _____ Wednesday _____ Thursday</p>	<p><b>Please list the days you prefer from 1 (most preferred) to 3 (least preferred).</b></p>
---	---

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

**Manager's Name:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Manager's Email:** \_\_\_\_\_

**Asst. Mgr./(Other Contact):** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Additional Phone:** \_\_\_\_\_

**Asst. Mgr. Email: Sponsor** \_\_\_\_\_

**(if any):** \_\_\_\_\_

**Returning Team?** \_\_\_\_\_

**New Team?** \_\_\_\_\_

**Fees:** Please submit one check written out to the City of San Carlos, exact amount of cash, or Visa/MasterCard

\_\_\_\_\_ **\$160**

-----  
**Amount Paid by:** Cash \_\_\_\_\_ **Check #** \_\_\_\_\_

**VISA/MC #** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Payee's Name** \_\_\_\_\_

**Notes:**

## San Carlos Parks & Recreation Adult Bocce

I hereby absolve and hold harmless the City of San Carlos, the San Carlos School District (when District facilities are used or a program is co-sponsored), and the Parks and Recreation Foundation of San Carlos, their respective officers, employees, and instructors, from all injuries, (including risk of exposure to COVID-19 or other communicable diseases), claims, or liabilities that may result from my participation in the above activity. If participant is a minor, I give my consent to his/her participation. I am aware the activity may involve risk of injury and assume all risks for injuries received. Participants of virtual recreation classes acknowledge they are responsible for ensuring their environment is safe/free from obstruction and that any use of a third-party application (e.g. Zoom, Google Meet, etc.) at their own risk. Photo/Video Release: I agree to the use of my photograph/video for City and/or Parks & Recreation Foundation publicity.

Team Name:	
Manager's Name:	
Year & Season:	
League:	

	Name	Email	Phone Number	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				