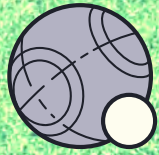
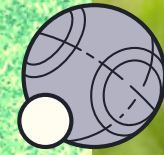


San Carlos Parks & Recreation

# SUMMER BOCCÉ



# LEAGUE



**REGISTRATION DEADLINE:**

**JUNE 6, 2023**

**SEASON DATES:**

**Jun 12 - Aug 17, 2023 - (Tues, Wed, Thurs)**

**LOCATION:**

**-Burton Park Bocce Courts**

**GAME TIMES:**

**-6pm & 6:50pm (7:40 if needed)**

**-8 games guaranteed**

**LEAGUE FEES:**

**-\$155 per team**

**-Returning teams have priority registration**

**CITY OF  
GOOD  
LIVING  
SAN CARLOS**



Contact:

[Athletics@cityofsancarlos.org](mailto:Athletics@cityofsancarlos.org)

(650).8024123

Register Online:

[www.QuickScores.com/cityofsancarlos](http://www.QuickScores.com/cityofsancarlos)

# CITY OF SAN CARLOS PARKS & RECREATION DEPARTMENT TEAM REGISTRATION FORM

Please indicate which leagues you would consider playing in. Label your priorities with "1" being your first choice, "2" your second choice and so on. Use one entry form for each team entered.

\_\_\_\_\_ **Tuesday Evening**      \_\_\_\_\_ **Wednesday Evening**      \_\_\_\_\_ **Thursday Evening**

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

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

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

**Phone Number:** \_\_\_\_\_ **Alternative Phone Number:** \_\_\_\_\_

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

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

**Phone Number:** \_\_\_\_\_ **Alternative Phone Number:** \_\_\_\_\_

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

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

**Fees:** Please submit one check (written to the City of San Carlos) or Visa/MasterCard

\_\_\_\_\_ \$155 - per team

-----  
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:					
Manger's Name:					
League:					
Year & Season:					
	Name	Email	Phone Number	City of Residence	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					