

# Men's Basketball League

Northwest Metro Adult Sports

The New Hope Parks and Recreation Department will again offer an officiated Men's Basketball League this fall and winter. The league will be classified Men's C/D. The league champion will receive a paid berth to the Class D State Tournament. *Register by October 25.*

**Dates:** Monday evenings beginning November 4, 2019

**Location:** New Hope Community Gyms, 8230 47th Ave N  
(North end of Cooper High School)

**Fee:** \$600 per team

**REGISTER WITH:** New Hope Parks & Recreation  
4401 Xylon Avenue North  
New Hope, MN 55428



Registration is on a first come, first served basis and no team will be considered registered until all fees are paid and roster is submitted. Refund or program credit allowed up to the printed deadline. No refunds after the deadline. All refunds are subject to a \$5 service fee. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

Register online at [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

Questions? Call 763-531-5151

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## 2019-20 Men's Basketball League (270101-A)

Team Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Manager's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

E-mail Address \_\_\_\_\_ Entry Fee: \$600 Amount Enclosed \$ \_\_\_\_\_

I, the undersigned team manager, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, my name, address and telephone number for the purpose of program administration. I understand that these records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I agree to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

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

AmEx/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_