



Salina
Parks & Recreation

300 W. Ash
Room #100
Salina, KS 67401
Office: 309-5765

**2015
ADULT COED
KICKBALL LEAGUES**

**(Spring, Summer,
Late Summer & Fall)**

For weather and program updates, sign up for RecZone:
www.salina-ks.gov/parksandrecreation

Team Name: _____

Team Manager: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (cell) _____ (home) _____ (work) _____

E-mail: _____

Sponsor: _____

Get your friends, families and/or business colleagues together to enjoy the outdoors and let off some steam! This fun and recreational program is designed to bring back those elementary school playground days of kickball! Multiple seasons offered!

Each season will be 6 weeks of play including a tournament at the end of each season. Games will be played at East Crawford Recreational Area (ECRA) on designated days of play stated below.

Rules very similar to adult softball. Minimum of 7, maximum of 10 players on the field. At least one-half of the team on the field MUST be women. Players must be at least 16 years of age.

Kickballs provided. Please view our website at www.salina-ks.gov/parksandrecreation for more information, rules, standings, schedules, etc.

***Details subject to change.**

CHECK DESIRED SEASON

<u>Season</u>	<u>Day of Play</u>	<u>Dates</u>	<u>Deadline</u>	<u>Extended Deadline</u>
____ Spring	Wed. Evenings	April 1, 8, 15, 22, 29, May 8	March 16	March 17-18
____ Summer	Wed. Evenings	June 3, 10, 17, 24, July 1, 8	May 13	May 14-15
____ Late Summer	Sunday Afternoons	July 26, Aug. 2, 9, 16, 23, 30	July 13	July 14-15
____ Fall	Sunday Afternoons	Sept. 13, 20, 27, Oct. 4, 11, 18	August 24	August 25-26

CHECK DESIRED LEVEL OF PLAY

Please mark the division in which you feel your team should play.
Levels could combine depending on the number of teams registered.

Competitive ____ Recreational ____

EARLY BIRD REGISTRATIONS:

\$135.00 Team Fee

(if registered by 5pm of deadline date)

EXTENDED DEADLINES:

Additional \$20 Late Fee

COMPLETELY FILL OUT ROSTER ON BACK!

OFFICE USE ONLY!!!

PAYMENT: ____ (Check) ____ (Cash) ____ (Credit Card) DATE PAID: ____ / ____ / 15 ____ Initial Name