



Gaithersburg  
A CHARACTER COUNTS! CITY

City of Gaithersburg, Department of Parks, Recreation & Culture

301-258-6350 www.gaithersburgmd.gov/leisure/sports

# Adult Pickleball League

## Thursdays at the Activity Center

## September 22 - November 10, 2016



**Cost (per player): \$30 for City Residents / \$40 for Non-residents**

- Doubles Team Registration only. Can be Mens, Womens or Coed teams. All teams play together.
- Two Divisions (self-rated): Beginner/Intermediate or Intermediate/Advanced

(If teams are in the inappropriate division, League Coordinator reserves the right to move them)

- At least 3 games a night , each game to 11 pts or 15 minute time limit, whichever comes first.
- Games are played between 5:45pm—7:45pm
- Players must be 18 years or older.
- Maximum number of teams accepted in the league is 18.
- Prizes will be awarded to the top team in each division with the best overall record at the end of the season.
- Registration deadline is **Wed, September 14, 2016** Questions? Contact: Pam Truxal at 301-258-6350

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Please indicate what accommodations are needed:

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### REGISTRATION: Fall Adult Pickleball League

Activity # 45332

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

Division (choose one): Beg./Inter. Or Inter./Adv.

Player # 1 Name: \_\_\_\_\_

Player # 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

Best Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

City Resident \$30  Non-resident \$40

City Resident \$30  Non-resident \$40

I understand that I am responsible for my insurance in case of injury. Furthermore I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me or for any injury sustained in the program. I also consent to the City's use of any photographs taken or video tapes made of the program.

Player # 1 (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

Player # 2 (Print name) \_\_\_\_\_ Signature \_\_\_\_\_

### PAYMENT:

Amount Paid \$ \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Signature (name on card) \_\_\_\_\_

Print Name \_\_\_\_\_

### OFFICE USE ONLY: #45332

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W M F Resident: Yes No

Pr: \_\_\_\_\_

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