



Arena District Athletic Club
 325 John H McConnell Blvd Suite 150
 Columbus, Ohio 43215
 Phone: 614-461-7785
 Fax: 614-461-7788
www.ArenaAthletic.com



The Arena Athletic Club Kickball League is accepting applications from teams interested in participating in the **Co-Recreational Kickball League 2015 season**. The organization and structure of this year's league will be as follows:

<u>League Day*</u>	<u>LOCATION</u>	<u>TIMES</u>	<u>FEE</u>
___ Tuesday	McFerson Commons	6:00pm, 6:45pm, 7:30pm	\$360
___ Wednesday	McFerson Commons	6:00pm, 6:45pm, 7:30pm	\$360
___ Thursday	McFerson Commons	6:00pm, 6:45pm, 7:30pm	\$360

*Indicate 1st, 2nd, 3rd choice your team would prefer to play on. Returning teams will be given priority. Teams need to be prepared to play at all game times. Scheduling is at the sole discretion of the league.

League play will begin June 2nd and will consist of a minimum of 8 regular season games along with a post season single elimination tournament for qualifying teams.

Team Name (as it will appear on t-shirt): _____

Team Captain: _____

Phone: _____ Email: _____

Eligibility and Rosters

The Co-Rec Kickball League is open to teams of men and women eighteen years and older. Rosters may hold up to 24 players. A maximum of 10 players can be on the field with a minimum of eight (8) players. Teams must field a minimum of four (4) players of each sex.

To Register:

Those who wish to enter a team must deliver this application along with payment of league fees to the Arena District Athletic Club, 325 John H McConnell Blvd Suite 150 Columbus, Ohio 43215. Fax 614.461.7788

Application Deadline: Friday, May 8th.

Teams for the 2014 league will be accepted on a first come first serve basis. League registration fees will not be processed until all teams are established. Any team that is not accepted will have any funds returned.

Game schedules, rules and procedures will be distributed to team captains once all teams have been established.

Season costs per Team

Base cost:	\$360(this includes 10 t-shirts)	=	_____
	\$10.00 (additional t-shirt) x _____	=	_____
	Total Payment Due		_____

Payment Options: (please print clearly and legibly)

Check (please make all checks payable to): Arena District Athletic Club

Credit Card: AX VISA MASTERCARD

_____ Expiration _____/_____/_____ 3 digit verification code# _____

For more information contact Steve LeVert, Arena District Athletic Club at 461-7785 slevert@arenaathletic.com