



H.A.R.D. ADULT LEAGUE FREE AGENT APPLICATION

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

INTERESTED PROGRAMS (check all that apply):

Co-Ed Volleyball

- _____ A League (intermediate to advanced)
- _____ B League (beginner to intermediate)

Adult Softball

- _____ Men's Recreational Division
- _____ Men's Competitive Division
- _____ Co-Ed Division
- _____ Corporate Division

_____ **Men's Flag Football**

_____ **Men's Basketball**

_____ **Adult Tennis**

PLEASE MAIL TO:
City of Hammond
Recreation Dept.
c/o Sable Williams
P.O. Box 2788
Hammond, LA 70404

OR FAX TO:
Attn: Sable
Williams
985-277-5907

OR DROP OFF AT:
Michael J. Kenney Center
601 W. Coleman Ave.
Hammond, LA 70403

Upon receiving your application, your information will be submitted to the coordinator of each program you are interested in.