



**ADULT SOFTBALL REGISTRATION FORM - Please complete all lines on this form**

**Please Print**

Name of Team \_\_\_\_\_

Coach \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_

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

Assistant Coach \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_ (W) \_\_\_\_\_ (Fax) \_\_\_\_\_

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

**Type of League Requested: (Please Circle Only One)**

MEN'S OPEN      MEN'S CHURCH      COED OPEN      COED CHURCH      WOMEN

**Level of League Competition your team should participate at: (Please Circle Only One)**

Average (2 HR & below)      Above Average (2-4 HR)      Strong (4-6 HR)      Very Strong (6 HR & above)

Did your team participate the previous Spring Season? No | Yes - If Yes, Team Name \_\_\_\_\_

Did your team participate the previous Fall Season? No | Yes - If Yes, Team Name \_\_\_\_\_

**If Church Team, please complete the next three lines\***

\*Name of Church \_\_\_\_\_

\*Name of Church Minister to verify players' eligibility \_\_\_\_\_

\*Church Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**For Office Use Only**

Date Fee Received \_\_\_\_\_ Amount Paid \_\_\_\_\_ Received By \_\_\_\_\_

Account Deposited \_\_\_\_\_ Amount Deposited \_\_\_\_\_ Date \_\_\_\_\_

PIV# \_\_\_\_\_ Staff Signature \_\_\_\_\_

Date of Refund \_\_\_\_\_ Reason \_\_\_\_\_

Approved By \_\_\_\_\_

Previous Spring League Record \_\_\_\_\_

Previous Fall League Record \_\_\_\_\_