



Parks, Recreation & Tourism
Spring Adult Softball Registration

(Please complete all boxes)

Please Print

Team Name

Coach

Telephone (C)

(O)

Email Address

Address

City

Zip

Assistant Coach

Telephone (C)

(O)

Email Address

Address

City

Zip

Please indicate your 1st, 2nd, and 3rd League Choices by placing a #1, #2, and #3 next to each Division

League Choices

Seniors (50+): Monday

_____ 3 plus "one up"

Men's Open: Tuesday

_____ 6 HR

_____ 4 HR

_____ 2 HR

Men's Open: Wednesday

_____ 6 HR

_____ 4 HR

_____ 2 HR

Men's Church: Thursday

_____ 4 plus "one up"

_____ 2 HR

Co-Ed Open: Friday

_____ 6 HR

_____ 3 HR

_____ 0 HR (Recreational)

Did your team participate in the previous Spring Season? **Y or N** - If Yes, list team name

Did your team participate in the previous Fall Season? **Y or N** - If Yes, list team name

Church Teams, please complete the next two lines*

*Name of Church Minister to verify players' eligibility

*Church Address

City

Zip

For Office Use Only

Amount Paid: \$ _____

Received By: _____

Date Fee Received: _____

Previous Spring Season Record: _____

Previous Fall Season Record: _____