



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 _____

IF CHURCH OR INDUSTRIAL TEAM COMPLETE THE NEXT 3 LINES*

*Name of Church or Company _____

*Name of Church Minister or Company President to verify players' eligibility _____

*Church/Company Address _____ City _____ Zip _____

Level of competition your team should participate at: (Please circle one)

Weak Average Above Average Strong

Did your team participate the previous Spring Season? Yes No - If Yes Team Name _____

Did your team participate the previous Fall Season? Yes No - If Yes Team Name _____

Type of league requested: (Please circle one)

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

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 _____