

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

Please Print

Team Name

Coach Telephone (C) (O)

Email Address

Address City Zip

Assistant Coach Telephone (C) (O)

Email Address

Address City Zip

Select Competition Level, Please Choose **Night** (Tue/Wed/Thur/Fri) and **Home Run** (HR) Limit: (Please Check (✓) Only One)

MEN'S OPEN: Tue/6 HR & Above Tue/4-6 HR Tue/2 HR & below

Wed/4-6 HR Wed/2-4 HR Wed/ 2HR & below

MEN'S CHURCH: Thur/ 2-6 HR Thur/2 HR & below

COED OPEN: Fri/3-6 HR Fri/3 HR & below

COED CHURCH: Fri/3 HR & below

Did your team participate the previous Spring Season? (Y) (N) - If Yes Team Name

Did your team participate the previous Fall Season? (Y) (N) - If Yes Team Name

If Church Team, please complete the next two lines*

*Name of Church Minister to verify players' eligibility

*Church Address City Zip

For Office Use Only

Date Fee Received _____ Amount paid _____ Received By _____

Previous Spring League record _____

Previous Fall League record _____