



City of Albuquerque Parks and Recreation

2018 Spring Softball

Team Registration Form

TEAM NAME: _____

DIVISION REQUESTED (circle one): **D= Upper** **E= Lower**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
COED "D"	MENS "D"	MENS "E"	MENS "E"	MENS "E"	MENS "E"
COED "E"	MENS "E"	COED "E"	WOMENS "E"	WOMENS "E/D"	COED "E"
	COED "E"		COED "E"		

- All weeks are double headers in Spring and Fall
- Night of play is not guaranteed if not enough team's register
- A minimum of 4 teams are needed to make a division

PHONE NUMBERS AND EMAIL MUST BE LEGIBLE!

TEAM MANAGER (Primary Contact)	
Name: _____	Phone#: _____
Email: _____	Date of Birth: _____
Street Address: _____	
City _____	State _____ Zip: _____

ASSISTANT MANAGER (Required)	
Alternate Contact Name: _____	Phone#: _____
Alternate Contact Email: _____	