



2017 FALL Softball 
Team Registration Form

TEAM NAME: _____

DIVISION REQUESTED (circle one):

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|----------------|----------------|----------------|----------------|------------|----------------|
| COED UPPER "D" | MENS "D" | MENS "E" | MENS "E" | MENS "D" | MENS "E" |
| COED LOWER "E" | MENS "E" | COED LOWER "E" | WOMENS "E" | MENS "E" | COED LOWER "E" |
| | COED LOWER "E" | | COED UPPER "D" | WOMENS "D" | |
| | | | COED LOWER "E" | WOMENS "E" | |

**all weeks are double headers in Spring and Fall
 Night of play is not guaranteed if not enough team's register.

PHONE NUMBERS AND EMAIL MUST BE LEGIBLE!

TEAM MANAGER (primary point of contact)

Name: _____ phone#(m): _____

Email: _____ phone#(o/w): _____

Street Address: _____

City _____ State _____ Zip: _____

ALTERNATE CONTACT (required)

Alternate Contact Name: _____ phone#(m): _____

Alternate Contact Email: _____ phone#(o/w): _____