

City of Albuquerque Parks and Recreation 2018 Summer Softball Team Registration Form

TEAM NAME:					
DIVISION REQUESTED (circle one):					
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
COED "D"	MENS "D"	MENS "E"	MENS "D"	MENS "E"	MENS "E"
COED "E"	COED "E"	COED "E"	MENS "E"	WOMENS "C"	COED "E"
	Women's Senior		WOMENS "E"	WOMENS "D"	
			COED "D"	WOMEN'S "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 Contact)					
		•	Phone#:		
Email:					
Street Address:		<u>~~</u>			
City		State	Zip:		
ALTERNATE O					
ALIEKNATE C	ONTACT (Requir	ea)			
Alternate Contac	ct Name:			Phone#:	
Alternate Contac	ct Email:				