



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)

Name: _____ Phone#: _____

Email: _____ Date of Birth: _____

Street Address: _____

City _____ State _____ Zip: _____

ALTERNATE CONTACT (Required)

Alternate Contact Name: _____ Phone#: _____

Alternate Contact Email: _____