

SOFTBALL ADULT LEAGUE REGISTRATION FORM

NAME OF TEAM: _____

NAME OF MANAGER: _____

ADDRESS: _____

PLEASE CIRCLE ONE: MEN WOMEN CO-ED

PLEASE CIRCLE ONE: CHURCH INDEPENDENT

PHONE: (H) _____ (CELL) _____

(W) _____ E -MAIL _____

HOW DO YOU PREFER WE CONTACT YOU? PLEASE CIRCLE ONE:

CALL CELL PHONE TEXT CELL PHONE CALL HOME PHONE

CALL WORK PHONE SEND E-MAIL

FOR OFFICE USE ONLY

Amount Paid _____

Date Paid _____

Receipt # _____