

City of Oxnard Recreation & Community Services Adult Softball Entry Information PLEASE PRINT OR TYPE LEGIBLY (form must be completed before it can be accepted)

Last League Entered	THIS SEASON
Team Name:	Team Name:
City:	
Division:	Division:
Record: Won Lost:	
preference does not guarantee you will be sche ALSO DO NOT LIST A SECOND CHO Mon (Rookie & Rookie A/B)	DICE IF YOUR TEAM CAN ONLY PLAY ONE NIGHT! Ues-(Coed/Womens) N/A Fri (Coed/Womens)
TEAM MANAGER	ASSISTANT TEAM MANAGER
Name:	Name:
Mailing Address:	
City/Zip:	
Day Phone:	
Evening Phone:	Evening Phone:
E-Mail:	E-Mail:
email address is mandatory	email address is mandatory
Team, entered in the league requested above, sponsorvices. As the team Manager/Assistant Manager/Assis	ayers representing the
Manager or Assistant Manager Signature	Date