



Mens Softball League

Season: _____ Year: _____

Team Contact Information

Team Name _____	Uniform Color _____
Team Representative _____	
Address _____	
City _____	Zip _____
Primary Phone _____	Text? <input type="checkbox"/> Work Phone _____
Primary E-mail _____	Work E-mail _____
Alternate Contact Person _____	
Address _____	
City _____	Zip _____
Primary Phone _____	Text? _____
Home E-mail _____	Work E-mail _____

Skill Level Preference for League Play

Divisions:	1 st Choice _____
Monday E Division	2 nd Choice _____
Tuesday D Division	3 rd Choice _____
Wednesday C Division	
Has your team played in our league before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No: Where have you played? _____	What Level? _____
Contact Name _____	Phone _____
If Yes: Which division? _____	What years? _____
What was your team name? _____	
Number of returning players from last season: _____	

For office use only

Fee Paid		Method		Date		Time		Staff Initials	
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