



Coed 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:	B/C/D/E	1 st Choice	_____
	B Division= Highest	2 nd Choice	_____
	E Division= Lowest Level	3 rd Choice	_____
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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