

2025 OFFICIAL ADULT SOFTBALL TEAM ENTRY CONTRACT

A. Team Name

Our group wishes to enter a team to be known as: _____ in the league.
(print team name)

B. League

Please check which league your team would like to be in:

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
<input type="checkbox"/> Monday Men's <input type="checkbox"/> Women's	<input type="checkbox"/> Tuesday Men's <input type="checkbox"/> Men's 50+	<input type="checkbox"/> Wed. Men's		<input type="checkbox"/> Friday Men's <input type="checkbox"/> Friday Coed

*Leagues will be combined if low enrollment on that night.

C. Transfer

Teams wishing to transfer leagues, please list choices in order of preference:

1. _____ 2. _____ 3. _____

Returning Team (please check one): Stronger _____ Same _____ Weaker _____

****NOTE: Team entry fee MUST accompany this contract. Checks can be made payable to: WPRF**
-Please complete all fields below-

D. Team Sponsor

To be accepted, this part MUST be completed and signed by the team sponsor.

Sponsor's Name (please print): _____

Sponsor's Signature: _____

Business Address: _____

City: _____ Zip: _____

Primary Phone: _____ Home Phone: _____

Email Address: _____

I, the sponsor, do hereby appoint: (Person listed as manager must be a registered player with the team listed above.)

E. Team Manager (party responsible for payment)

Manager's Name (please print): _____

Manager's Signature: _____

Home Address: _____

City: _____ Zip: _____ Date of Birth: _____

Primary Phone: _____ Home Phone: _____

Email Address (please print clearly): _____

Second Email Address (please print clearly): _____

PLEASE NOTE: PLEASE MAKE SURE TO PROVIDE AN EMAIL ADDRESS UNDER THE TEAM MANAGER
INFORMATION: ALL COMMUNICATION IS VIA EMAIL.



<p>**OFFICE USE ONLY!</p> <p>TEAM ENTRY FEE:</p> <p>Receipt #: _____</p> <p>Amount: _____</p> <p>Date: _____</p> <p>Initials: _____</p>





2025 Adult Softball Fees

A. Team Entry Fee (tax included)

- | | |
|--|--------------|
| ▪ 100% City of Waukesha Resident Teams: | \$550 |
| ▪ Non-Resident Teams: | \$650 |
| ▪ Additional Player (after 1 st game) | \$20 |

Adult Softball Facility Improvement Fund

Please consider a donation to the Adult Softball Facility Improvement Fund.

1. This fund is a voluntary/optional method to help improve our softball facilities.
2. Unused funds will "carry over" from year to year.
3. Monies collected will benefit small/midsize adult softball facility improvements. (i.e., scoreboards, dugouts, sound system, etc.)
4. Contributions may be paid with your softball fees or at the WPRF Office by VISA, MasterCard, or Check.

Comments/Ideas Welcomed: _____

Contribution: \$25 \$50 \$100 other \$ _____