

2012 Adult Softball Registration Form

Office Use Only

Date: _____
 Fee Paid: _____
 Type: Credit Check #: _____
 Receipt #: _____
 Staff Initials: _____

Spring Registration

February 20– 23
 8:30 am - 5:30 pm

Entry Fee : \$450 (12 games)

Other Fees

\$24 Non-City Resident Fee
 \$50 Tournament Entry Fee

Fall Registration

July 16 - 19
 8:30 am - 5:30 pm

Entry Fee : \$400 (10 games)

Team Name: _____

Name of Team to appear on schedule : (Max 8 Characters)

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

Estimation of Skill Level : (circle one) Excellent Above Average Average Below Average No Skill

Sponsor's Name (If Applicable) : _____

Manager: _____

Address: _____ City: _____ Zip: _____

E-Mail (All correspondence will be via email - Write Clearly!) : _____

Phone (H): _____ Phone (W): _____ Cell : _____

League Preference : (circle one) **Team Status** : **League & Finish**: _____

- | | | | | |
|---------------|------------|-----------|---------------------------|----------|
| 1. Men's Open | 4. Church | Returning | Combination of Past Teams | New Team |
| 2. Closed | 5. Women's | | | |
| 3. Coed | | | | |

Special Scheduling Request: If you have a request please note below, this may result in a team being moved up in skill level.

Each team **must** submit a roster to the Athletics Office before their first game.

Please initial here if you give permission for your address and/or telephone numbers to be given out to anyone requesting them for any reason. INITIALS: _____



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parks.raleighnc.gov/athletics