

# 2015 Adult Baseball Registration Form

## Registration August 3 – Until Full



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 \_\_\_\_\_

*(Please note on back if sponsor's address is different from managers address)*

Address/City/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

*(All correspondence will be via email)*

Phone (Home) \_\_\_\_\_

Phone (Work) \_\_\_\_\_

Cell \_\_\_\_\_

League Preference (Please Circle One)

Adult Baseball Barcode: 174235

Team Status (Please Circle One)

Returning Team

Combination of Past Teams

New Team

Special Scheduling Request

*If you have a request please note below*

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### Registration Information

**Time**

8:30 am - 5:15 pm

**Location**

Wade Ave Athletics Office

2401 Wade Ave. 27607

**Entry Fee**

\$500

**Registration**

League Registration

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

**Office Use Only**

Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

Type: \_\_\_\_\_

Credit \_\_\_\_\_

Check # \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initials \_\_\_\_\_



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