



Welcome to the City of Cheyenne Community Recreation and Events **2020 Men's and Women's Softball League**

Registration Information: February 3 through March 19, 2020. Mail registration form to Kiwanis Community House, 4603 Lions Park Drive, Cheyenne, WY 82001 or email to tfeezer@cheyennecity.org. If paying by check, include check with registration form. If paying by credit card, you will be contacted by phone to make the payment once your registration form is received. Please indicate payment method below:

Check Card

Fees: \$400/team includes U.S.S.S.A. sanctioning fee and \$20/player fee. Late registration deadline is April 2nd, \$50 fee added.

League Begins: April 27, 2020 and offers 16 games per team

Location: Games will be played at Lions, Brimmer, and Converse Softball Fields. Coke Gonzales field may be used.

Team Representative Meetings: April 15, 2020 at 12:00 p.m. and 5:30 p.m. at Cheyenne Youth Activity Center and Community Center, 1317 Parsley Blvd.

If the team representative is unable to make the meeting, please send someone in your place. The meeting is intended for schedule pick-up and any relevant information about the league.

It is required for team representatives to read the 2020 Men's and Women's Softball League Rules, and all athletes must read and sign the City of Cheyenne Community Recreation and Events Athlete Bylaws.

We look forward to having you as part of the 2020 Men's and Women's Softball League.

Tyler Feezer
307-637-6408

tfeezer@cheyennecity.org

David Contreras
307-637-6425

dcontreras@cheyennecity.org

Use www.Cheyennerec.org for all league information.

The mission of the Cheyenne Recreation Division is to enrich the quality of life through providing cost effective opportunities for recreational activities focusing on lifelong wellness through exceptional programs, activities, events, for the full age range of the community.



2020 Men's & Women's Softball League Registration Form

Please complete form entirely or registration cannot be accepted.

Team Name: _____

Sponsor: _____

Team Representative #1: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ Email: _____

Team Representative #2: _____

Address: _____ City/State: _____ Zip: _____

Cell Phone: _____ Provider (for Text Alerts): _____

Work/Home: _____ Email: _____

Division Preference:

Teams will be assigned to divisions based on the information provided on this form. If information is left blank, League Directors will assume the player/team has upward mobility concerning divisional placement. Indicate your 1st and 2nd choice for the division you can compete in, not just win. Number of divisions may vary from what is shown, due to registration.

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 - Excellent Team Ability | <input type="checkbox"/> 2 - Very Strong Team Ability | <input type="checkbox"/> 3 - Strong Team Ability |
| <input type="checkbox"/> 4 - Good Team Ability | <input type="checkbox"/> 5 - Average Team Ability | <input type="checkbox"/> 6 - Below Average Team Ability |
| <input type="checkbox"/> 7 - Weak Team Ability | <input type="checkbox"/> 8 - Poor Team Ability | <input type="checkbox"/> 9 - Very Poor Team Ability |
| <input type="checkbox"/> 10 - Novice/Starters | | |

Last Year's Team Information:

Did not play last year Played last year (please fill out Information below)

Team Name: _____ Last Year's Division: _____ # of Returning Players: _____

Scheduling Requests: _____

Team Roster

* Experience Status - A - Major College (4yr) Pro Ball B - Jr. College Starter C - High School Varsity Starter/Jr, College
D - High School Varsity Starter E - High School Varsity Non-Starter F - Below High School Varsity Non-Starter

1. Team Rep #1: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____

E-Mail Address: _____

2. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

3. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

4. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

5. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

6. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

7. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

8. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

9. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

10. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

11. Name: _____ Address: _____ Zip _____

Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *

E-Mail Address: _____

12. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

13. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

14. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

15. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

16. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

17. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

18. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

19. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____

20. Name: _____ Address: _____ Zip _____
Cell Phone: _____ Provider (Txt Alerts): _____ Shirt Size: _____ Exp: * _____ *
E-Mail Address: _____