



2022 Co-Rec Adult 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 based on the number of teams in the league.

1 - Excellent Team Ability

2 - Very Strong Team Ability

3 - Strong Team Ability

4 - Good Team Ability

5 - Average Team Ability

6 - Below Average Team Ability

7 - Weak Team Ability

8 - Poor Team Ability

9 - Very Poor Team Ability

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: _____

Office Use: Receipt Number: _____
Check Card Cash Sponsor Form

Total Payment Amount: _____
Date Received: _____

Team Roster Form:

*** Experience Status*:**

A – Pro Ball or Major College (4 yrs.)

B – Jr. College Starter

C – High School Starter/ Jr. College Non-Starter

D – High School Varsity Starter

E – High School Varsity Non-Starter

F – Below High School Varsity Non-Starter

1. Name: _____ 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: _____