

2024 Men's & Women's Softball League Registration Form

Please complete all information on this form.

Team Name:		
Sponsor:		
Team Representative #1:		
Address:	City/State:	Zip:
Cell Phone:		
Work/Home:	Email:	
Team Representative #2:		
Address:	City/State:	Zip:
Cell Phone:		
Work/Home:	Email:	
	Division Preference:	
Teams will be assigned to divisions based Directors will assume the player/team h choice for the division you can compete	as upward mobility concerning divisiona	l placement. Indicate your 1st and 2nd
] 2 - Very Strong Team Ability [] 5 - Average Team Ability [
<u>La</u>	st Year's Team Information	<u>:</u>
[] Did not play last year	[] Played last year (please	fill out Information below)
Геат Name:	Last Year's Division: # of	Returning Players:
(All attempts will be made to	Scheduling Requests: accommodate requests; however, requ	uests are not guaranteed.)

Team Roster

1. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
2. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
3. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
4. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
5. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
6. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
7. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
8. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
9. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
10. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
11. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
12. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	

13. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
14. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
15. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
16. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
17. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
18. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
19. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	
20. Name:	Address:	Zip:
Cell Phone:	Shirt Size:	