



2024 Men's and Women's Softball League Individual Registration Form

Please complete all information on this form.

First Name:_____ Last Name:_____ Shirt Size:_____

Address:_____ City:_____ ST:_____ Zip:_____

Cell Phone:_____ Email:_____

☐ Women's team ☐ Men's Team

Player Requests:_____

Experience Level:

Players will be assigned to a team based on the information provided on this form. If information is left blank, League Directors will assume the player has upward mobility. **The experience levels below are associated with softball and baseball.**

Indicate your experience level below:

☐ 1 - Pro Ball or
Major College (4 yrs.)

☐ 2 - Jr. College
Starter

☐ 3 - High School Starter/ Jr.
College Non-Starter

☐ 4 - High School
Varsity Starter

☐ 5 -High School
Varsity Non-Starter

☐ 6 -Below High School Varsity
Non-Starter

Have you played slowpitch before? YES ☐ NO ☐ If so, how long? _____

Would you be interested in being the Team Representative? YES ☐ NO ☐

Team Name Suggestions:_____

Scheduling Requests:

(All efforts will be made to accommodate requests; however, requests are not guaranteed.)
