

SPRD Adult Softball Team Registration Form

Please print legibly. All fields must be completed prior to submittal, along with a valid roster & fees.

Team Name _____ **Sponsor** _____

Seasons played at Briscoe Park? _____

League (circle one) ? **Men's (Tuesday) -- Co-ed (Thursday) -- Co-ed (Friday)**

Coach _____

Assistant _____

Email _____

Email _____

Cell # _____

Cell # _____

Address _____

Address _____

City _____ **Zip** _____

City _____ **Zip** _____

Included with this completed registration form for said team are total team fees, and a roster complete with a minimum of ten (10), maximum twenty (20) players with legible phone numbers, home addresses and signatures. I understand that falsification of any information could result in the loss of the team's place in the league. Furthermore, if I choose to place the non-refundable \$100 deposit, I understand that the remainder of the fees must be paid by the night of the coaches meeting.

signed _____ **of the** _____ **team.**

OFFICE USE ONLY:

1. Check team roster for a minimum of 10 players____, signatures____, and addresses____.
2. List the number of residents____, and the number of non-residents____ on the roster (*Reference street list*).
3. Do not accept forms or payment unless ALL INFORMATION IS COMPLETE. Verify that those rosters are accurate before completing registration.
4. The only partial payment allowed is the \$100 non-refundable deposit, installments are not allowed.

Payment Record:

Date / / Staff Patron Amount: \$100 / \$450
Payment Type: MC, VISA, Cash, Check/ Money Order/ Receipt # _____

Second Installment after deposit:

Date / / Staff Patron Amount: \$350
Payment Type: MC, VISA, Cash, Check/ Money Order/ Receipt # _____

