

Adult Softball

2012 Registration

Office Use Only:
2012 Proposed League: _____
Class: _____

2012 Team Name: _____ 2011 Team Name: _____
 Manager Name: _____
 Home Phone: () _____ Work: () _____
 E-mail (optional): _____
 Address: _____
 City / State: _____ Zip: _____

MRPA/USSSA Registration Status:

Men's Church
 Women's Co-Rec
 Corporate Other _____

MRPA/USSSA Class:
 B
 C
 D
 E

For more information call Jim at 952-924-2538 or email at jlombardi@stlouispark.org

Our team needs players
 Our team **DOES NOT** need players

League Champions will receive T-shirts

I understand that if I withdraw my team from the league after the schedules have been drawn that I forfeit the entire registration fee. The Parks and Recreation Department often take pictures, slides, and videotape of participants enjoying their activities. These are used for program promotion, brochures, scrapbooks, and staff training. I grant permission to use the name, pictures, and quotes of my team for the above purposes. Sign and return this form with your check made payable to the City of St. Louis Park, to the address listed below.

Signature of Team Manager

League Preference: Mark your preference with **1, 2 or 3** (#1 first choice – must use 1-3 or placed randomly)

Men's Leagues (20 games/\$780)
Monday C-#6372
Monday D-#6373
Tuesday C-#6381
Wednesday C-#6382
Wednesday D-#6383
Thursday C-#6384
Friday One-Pitch #6385

Women's Leagues (12 games/\$565)
Tuesday D-#6391

Men's Leagues (12 games/\$565)
Monday D-#6386
Tuesday C-#6387
Tuesday D-#6388
Wednesday D-#6389
Thursday D-#6390

Co-Rec Leagues (12 games/\$565)
Sunday D-#6392
Tuesday C-#6393
Wednesday D-#6394
Thursday C-#6396
Thursday D-#6397
Friday D-#6398

**Returning 2011 Summer Softball teams will have priority for registering through Friday Feb. 10th.
 Registration in open to all teams starting Feb. 13th.**

League Fee \$ _____
 Less credit voucher \$ _____
Total Amount Enclosed: \$ _____

Softball Team Registration – Last day of registration: Friday March 23rd, 2012 or until leagues are full

Payment Method: _____ Check # _____ Amount: _____ Staff Initials: _____ Date: _____
 Visa _____ MC _____ AMEX _____ Disc _____ Credit Card #: _____
 Exp. Date: _____
 Cardholder Signature: _____ Print Name: _____