



2017 Adult Softball League Registration Form (Spring/Summer 14-Game League)

Session: Spring/Summer
 Registration Dates: Deadline: March 17, 2017
 League Session Dates: April 3 – July 18, 2017
 Skip Dates: 5/29, 7/4
 Schedule Pick-Up Date: Wed. 3/29/17 (6 pm meeting)

- Slow-pitch softball games are played at the Killian Sports Complex **ONLY**.
- Teams may ask for special schedule requests, **but these requests will not be guaranteed.**
- Make-up games may be scheduled on weekends if space is not available on the regular scheduled night.
- Refund requests will be accepted up to March 17, 2017. Approved refunds will be charged a \$10 fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.
- Registration is by team registration only. Registration spots are available on a **first-come first-serve basis.**

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We no longer take phone registrations!)

MAIL your entry form to: Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803	Register in person: Killian Sports Complex 2141 E. Pythian Springfield, MO	FAX registration to: FAX to (417) 837-5829	For Additional Information call: Killian Sports Complex Office (417) 837-5817 Website: www.parkboard.org
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Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration.

NEW!!!! A late fee of \$30 will be charge for registration after deadline!

TEAM NAME: _____ MANAGER'S NAME: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 DAY PHONE: () _____ EVENING PHONE: () _____ CELL PHONE: () _____
EMAIL ADDRESS (required): _____
(Required Information) DRIVERS LICENSE #: _____ **PLACE OF EMPLOYMENT:** _____
(Required if played) 2016 SPRING/SUMMER OR FALL LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY / ONE TEAM ENTRY PER FORM:

TEAM CLASS INFORMATION (circle a number) **1** **2** **3** **4**

(Please rate your team's ability by circling a 1 for needing being the highest level of competition and 4 the lowest level of competition)

<u>League</u>	<u>Nights Available</u>	<u>14 GAME SCHEDULE Team Fee</u>
MEN'S SLOW PITCH	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	\$340 team
MEN'S CHURCH SLOW PITCH	MONDAY	\$340 team

COED (2-ball leagues)	WEDNESDAY THURSDAY FRIDAY	\$340 team
COED CHURCH (2-ball leagues)	THURSDAY	\$340 team.

WOMEN'S SLOW PITCH	TUESDAY	\$340 team

Method of Payment: Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___ Am. Express ___ Card # _____

Signature: _____ Expiration Date: _____ Security # (on back) _____

(For office use only)

Amount Paid: _____ Reference / Check Number: _____ Receipt Number: _____