



2017 Adult Softball League Registration Form (Fall 7- Game Schedule)

Session: Fall
 Registration Dates: Deadline July 21, 2017
 League Session Dates: August 7 – Sept. 29, 2017
 Skip Dates: 9/4
 Schedule Pick Up Date: Wed. 8/2 (11 am – 6 pm)

- ALL GAMES ARE PLAYED AT THE KILLIAN SPORTS COMPLEX!!!!
- Special schedule requests will be honored when possible, but cannot be guaranteed.
- This registration form may be used to register for men's, women's, or coed leagues.
- 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 July 21, 2017. Approved refunds will be charged a \$10.00 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. Individual registration is not accepted but the Park Board will attempt to find a team for an individual to participate on for the season. Registration is on a first-come first-serve basis.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT.

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

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. **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:() _____ FAX NUMBER: () _____
 EMAIL ADDRESS: _____
 (Required Information) DRIVERS LICENSE #: _____ PLACE OF EMPLOYMENT: _____
 (Required if played) 2016 SPRING/SUMMER OR 2014 FALL LEAGUE TEAM NAME: _____

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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 with 1 being the strongest and 4 the weakest)

<u>League Name</u>	<u>Nights Available</u>	<u>Team Fee</u>
MEN'S SLOW PITCH	MONDAY TUESDAY WEDNESDAY THURSDAY	\$225 team

COED SLOW PITCH	MONDAY WEDNESDAY THURSDAY	\$225 team

WOMEN'S SLOW PITCH	TUESDAY	\$225 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: _____