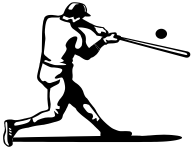


# Springfield—Greene County Parks & Recreation 2010 SUMMER PLAYER PITCH BASEBALL LEAGUES



**Session: Summer League (7 week season)**

**Registration Dates: Feb. 1st-April 30th**

**League Dates: May 17th - July 2nd**

**Managers' Meeting**

**Player Pitch Tuesday 6:00pm May 11th**

- Age determination date is based on May 1st, 2010
- Each team will receive a minimum of 7 games
- Refund requests will be accepted up to 5 days before the first day of the league season. Approved refunds will be charged a \$10.00 processing 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 on the back of this form.
- visit [www.nays.org](http://www.nays.org) for NYSCA certification

*Please complete the information below with payment: Spots available on a first come basis!*

**Mail your entry form to:**

Springfield—Greene County Park Board  
 Attn: Youth Baseball  
 1923 N. Weller  
 Springfield, MO 65803

**Register in Person:**

Killian Sports Complex  
 2141 E. Pythian  
 Springfield, MO. 65802

**Fax or Phone Registration**

Fax to (417) 837-5829  
 Phone: (417) 837-5817

Please make checks to: Springfield—Greene County Park Board and include your Drivers License Number and place of Employment on the check. MasterCard, Discover and Visa are accepted. Full payment must accompany registration form to be accepted.  
 A late fee of \$30 will be charged for registration after April 30th, 2010

**With the passage of MO HCS/HB 62 (31)-Crime Law, all youth sports coaches, managers, and trainers shall be subjected to a background check against the Missouri Sex Offender Registry before league play begins. Please list all coaches, managers, and trainers legal name and address, city and zip code below. If you need additional space you may attach a sheet of paper or use the back of this form.**

Team Name: \_\_\_\_\_ Manager's email address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Manager/Head Coach: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

NYSCA Certified Coach (Mandatory): \_\_\_\_\_ Certification #: \_\_\_\_\_

Team experience level:    Class 1-Experienced    Class 2 - Semi Experienced    Class 3-Average    Class 4- Rookie

<b>League:</b>	<b>Night Available</b>	<b>Fee</b>
*Player Pitch 9*	Tuesday	\$245.00 (Only available for teams playing both CP 9 and PP 9)
Player Pitch 9	Monday	\$245.00
Player Pitch 10	Thursday	\$245.00
Player Pitch 11	Friday	\$245.00
Player Pitch 12	Monday	\$260.00
Player Pitch 14	Thursday	\$260.00

**Payment: Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Visa/MC/Disc** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Card #:** \_\_\_\_\_ **3 digit code** \_\_\_\_\_

amount paid \_\_\_\_\_ reference/check # \_\_\_\_\_ receipt number \_\_\_\_\_