

Headwaters Softball Adult Slow Pitch Softball

Team Registration Form

League	Night	Class	# of Weeks	Games per Night	League Fee
Make-Up	Monday		Mid May - Mid Aug		
Old Timers	Tuesday	All	Mid May - Mid Aug	2	\$500
Mens	Wednesday	All	Mid May - Mid Aug	2	\$500
Womens	Thursday	All	Mid May - Mid Aug	2	\$500
Co-Ed	Friday	All	Mid May - Mid Aug	2	\$500

Team Name:												Team Status													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																								<input type="checkbox"/> Returning Team <input type="checkbox"/> New Team	
Last year's team name: _____																									
Manager's Name:				Email:																					
Address:						City:				Zip:															
Cell Phone:				Home Phone:				Work Phone:																	
League Choice:																									
<input type="checkbox"/> Tuesday Old Timers <input type="checkbox"/> Wednesday Mens <input type="checkbox"/> Thursday Womens <input type="checkbox"/> Friday Co-Ed																									
Team Classification:																									
<input type="checkbox"/> C <input type="checkbox"/> CC <input type="checkbox"/> D <input type="checkbox"/> DD <input type="checkbox"/> E <input type="checkbox"/> EE																									

For Office Use Only

Team Payment: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Sponsor Payment: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Total Payment: _____	Date Received: ____/____/20____ Received: <input type="checkbox"/> In Person <input type="checkbox"/> By Mail Received by: _____
--	--