



## Adult Fall Softball Leagues



Parks, Recreation and Community  
Services Department  
Parks and Recreation Division  
555 Liberty St. SE / Room 300  
Salem, OR 97301-3503  
503-588-6261

# 2008 CITY OF SALEM SOFTBALL TEAM REGISTRATION FORM

(A separate registration form is required for each team)

TEAM NAME (2008)	TEAM NUMBER <i>(to be assigned)</i>
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MANAGER/ COACH NAME	CELL PHONE
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MILING ADDRESS	DAY PHONE
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	EVENING PHONE
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E-MAIL ADDRESS	
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ASSISTANT MANAGER/ COACH NAME	CELL PHONE
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MILING ADDRESS	DAY PHONE
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	EVENING PHONE
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E-MAIL ADDRESS	
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TEAM SPONSOR NAME	
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TEAM SPONSOR CONTACT	CELL PHONE
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MILING ADDRESS	DAY PHONE
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	EVENING PHONE
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E-MAIL ADDRESS	
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	GOLD	PLATINUM	SILVER	BRONZE
<b>MONDAY</b> <i>(check one)</i>				
COED (Double Headers ★★)			<input type="radio"/>	<input type="radio"/>
<b>TUESDAY</b> <i>(check one)</i>				
Mens (Double Headers ★★)			<input type="radio"/>	<input type="radio"/>
<b>WEDNESDAY</b> <i>(check one)</i>				
COED (Double Headers ★★)			<input type="radio"/>	<input type="radio"/>
Womens (Double Headers ★★)			<input type="radio"/>	<input type="radio"/>
<b>THURSDAY</b> <i>(check one)</i>				
Mens (Double Headers ★★)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

**For Office Use Only**

Cash

\_\_\_\_\_

Visa/MC

\_\_\_\_\_

Check #

\_\_\_\_\_

Other

\_\_\_\_\_

Cashier \_\_\_\_\_

\$ \_\_\_\_\_

Amount Paid \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### Team Fees

★★ Twenty (20) Games/Double Headers - \$959.00

### Payment of Fees

1. A \$200 deposit fee must be paid at the time of registration. All fees must be paid in full by 5:00 p.m. Friday, July 25, 2008. A team's spot will only be held if paid in full as of July 25<sup>th</sup>.
2. There is a \$50 charge on all refunds. Refunds will not be granted after August 11, 2008.
3. Players may not participate until the official roster is signed.

