



## Adult Fall Softball Leagues



Public Works Department  
Parks and Transportation Services Division  
555 Liberty Street SE/Room 325  
Salem OR 97301-3513  
503-588-6261

# 2010 CITY OF SALEM SOFTBALL TEAM REGISTRATION FORM

(A separate registration form is required for each team.)

TEAM NAME (2010)	TEAM NUMBER <i>(to be assigned)</i>
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MANAGER/ COACH NAME *	CELL PHONE *
MAILING ADDRESS *	DAY PHONE *
E-MAIL ADDRESS *	EVENING PHONE *

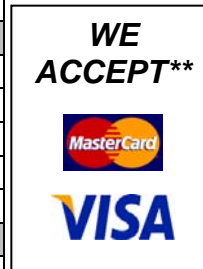
\* Fields required to be completed.

ASSISTANT MANAGER/ COACH NAME *	CELL PHONE *
MAILING ADDRESS	DAY PHONE
E-MAIL ADDRESS *	EVENING PHONE

\* Fields required to be completed.

TEAM SPONSOR NAME	CELL PHONE
TEAM SPONSOR CONTACT	DAY PHONE
MAILING ADDRESS	EVENING PHONE
E-MAIL ADDRESS	

	GOLD	SILVER	BRONZE	COPPER
<b>MONDAY</b> <i>(check one)</i>				
Coed (Doubleheaders)		○	○	
<b>TUESDAY</b> <i>(check one)</i>				
Men's (Doubleheaders)			○	○
<b>WEDNESDAY</b> <i>(check one)</i>				
Women's (Doubleheaders)			○	○
<b>THURSDAY</b> <i>(check one)</i>				
Men's (Doubleheaders)	○	○		
<b>SUNDAY</b> <i>(check one)</i>				
Coed (Doubleheaders)			○	○



**For Office Use Only**

Cash

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Visa/MC\*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check #

\_\_\_\_\_

\_\_\_\_\_

Folder Number: \_\_\_\_\_

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

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

**Fees**

- Women's League (12 Games/Doubleheaders) - \$599
- Regular Fall League (20 Games/Doubleheaders\*) - \$959

*\*Includes and 2 Game Guarantee Tournament*

**Payment of Fees**

1. Teams may pay a deposit of \$300 at time of registration to hold their spot.
2. All fees must be paid in full by Friday, July 30, 2010, by 5 p.m.
3. There is a \$50 charge on all refunds. Refunds will not be granted after August 6, 2010.
4. **Players may not participate until the official roster is signed. Official rosters will be sent out after registration.**

**\*\*Use credit cards in person and provide photo identification.**