

TEAM REGISTRATION FORM | 2018 COED AND MEN'S LEAGUES

FALL DOUBLEHEADER SOFTBALL

INSTRUCTIONS: **All fields are required.** A separate form is required for each team. Complete both pages of this form and submit with entry fee no later than **3 p.m. on the registration deadline.** The numbers of teams listed are maximums, and all games are played as doubleheaders. If leagues are full, teams will be added to a wait list.

Team Name _____

City _____ State _____

Manager/Coach Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Would you like to receive email updates and rain-out notices from SoftballCityUSA.com? Yes No

Team Sponsor (Optional) _____ Phone _____

Please select your team's division, playing ability, and desired days by checking the boxes below.

Monday Coed	See New Monday Form
Tuesday Men's 6 Weeks	<input type="checkbox"/> Recreational <input type="checkbox"/> Intermediate
Wednesday Seniors	See New Senior Form
Thursday Men's 6 Weeks	<input type="checkbox"/> Advanced
Friday Men's	See New Friday Form
Friday Coed	See New Friday Form
Sunday Coed 6 Weeks	<input type="checkbox"/> Intermediate

Please list your proposed roster with players' first and last names.

1 _____	8 _____
2 _____	9 _____
3 _____	10 _____
4 _____	11 _____
5 _____	12 _____
6 _____	13 _____
7 _____	14 _____

This is not an official roster. Official rosters must be posted on www.teamsideline.com/salem by 10 p.m. on July 18, 2018. Players may not participate until they sign the official roster and provide photo identification.

Would you like your previous electronic roster on file copied over? Yes No

You will still need to make any edits and submit the roster by the deadline.

Coed and Men's Fall Doubleheader Softball Leagues | 2018 | REGISTRATION FORM



Is your team returning from last year (six or more played together)?

Yes No

New teams only, fill out this left column.

How many players on your team have 0 to 1 year of playing experience? _____

How many players on your team have 4+ years of playing experience? _____

Describe your team's playing ability. _____

Returning teams only, fill out this right column.

Team Name Last Year _____

What league did this team play in during the second half of spring league? _____

What was the team record for 2017?
 Wins _____ Losses _____

If you have new players, what team(s) did they play on, if any? _____

If your team played in tournaments, please note your team record. _____

ALL TEAM MANAGERS OR COACHES MUST READ AND SIGN BELOW:

I understand that this is an outdoor sport and all dates on this form and in league schedules are tentative and subject to change due to weather and/or field conditions. As a team manager or coach I will make every attempt to maintain good sportsmanship between my players and spectators, on and off the playing field.

Signature _____

ENTRY FORM AND ENTRY FEE DEADLINE

3 p.m. on Wednesday, July 11, 2018 (fall)

SEND ENTRY FORM TO:

Attention: Softball
 City of Salem Public Works Department
 555 Liberty Street SE, RM 325
 Salem, OR 97301-3513
register@softballcityusa.com

LEAGUE FEES

6 Weeks (12 games/doubleheaders)
\$626 if paid in full at time of registration
\$831 if paid in installments to hold team's spot
 (Installment fee is \$205. Minimum deposit is \$300.)

League practices are \$15 an hour.

No Tournament is included in league fees.

LATE PAYMENTS AND REFUNDS

Late registrations or payments not made in full after the entry deadline will incur an additional late fee.

\$123 late fee for 6-week leagues

There will be a **\$77** charge on all refunds. Refunds will not be granted after the entry deadline.

ACCEPTED TYPES OF PAYMENT

Visa, MasterCard, cash, or check (payable to City of Salem). Cash payments must be made in person. Credit cards must be used online or in person. To arrange for online payments, call 503-588-6261.


LEAGUE DIRECTORS

Billy Powers
 Maggie Combs
 Lindsey Huston
 Office Phone 503-588-6261
 Fax 503-588-6025
softball@cityofsalem.net

WEBSITE

Registration forms and additional information are available at **www.softballcityusa.com**.

FOR OFFICE USE ONLY

<input type="checkbox"/> Cash _____	<input type="checkbox"/> Visa/MC _____	VISA 	Cashier _____	Amount Paid _____
<input type="checkbox"/> Check # _____	_____	_____	Date _____	Folder Number _____
_____	_____	_____	Time _____	_____

