

ADULT SOFTBALL REGISTRATION FORM

Lodi Parks, Recreation and Cultural Services Dept.
 230 W. Elm St., Lodi, Ca 95240
 Office 333-6742 Field Conditions 333-6744

CHECK ONE:

CO-ED SOFTBALL

MENS SOFTBALL

_____ Monday Division

_____ Monday Division

_____ Tuesday Division

_____ Tuesday Division

Please print clearly

TEAM NAME _____

TEAM NAME spring/summer/fall _____

Print clearly as this will be our PRIMARY contact with your team; you MUST have an email contact to register.

MANAGER'S or representative's email _____

MANAGER'S NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE (#1) _____ PHONE (#2) _____

ALTERNATE CONTACT _____

PHONE (#1) _____ PHONE (#2) _____

MANAGER:

1. Each player must sign the [team roster](#). All late addition players must pay a \$5 administrative fee.
2. Submit registration form and [team roster](#) together.

Manager must sign below to indicate that the above information is true and correct to the best of your knowledge

X _____ date _____

<i>For office use only</i>				
Date Received	By	Team Fees	Check #	Other
Division Assigned		Division Last Season		Notes