



Weatherford Adult Softball Team Registration Form

Team Name: _____

Team Name (if changed): _____

Manager Name: _____

Address: _____
Street City Zip

Email: _____

Phone: _____

Special Requests: _____

Circle One:

Church Coed Recreation (Tuesday)

Men's American (Thursday)

Men's National (Thursday)

Men's Competitive (Thursday)

Coed American (Friday)

Coed National (Friday)

Coed Competitive (Friday)

REFUND POLICY:

If a team drops out of the league prior to schedules being posted, they will receive a refund minus a \$25 processing fee. Once schedules have been posted, there will be no refunds, even if league play has not begun.

I have read and understand the refund policy:

Signature

DATE PAID: _____

AMOUNT PAID: _____

CHECK CASH CREDIT CARD RECEIPT # _____