

## Summer 2025 Co-Rec Adult Softball League

Registration Deadline: July 24, 2025

Registration Fee: \$250 per team

Start Date: August 5th, 2025

Game Days: Tues./Thurs.

Location: Black Creek Park

Ages: 16 & Over

Season Format: 10 Games

Post Season: Single Elimination Tournament

## **Team Information**

| eam Name              |                   |                    |               |            |                     |      |
|-----------------------|-------------------|--------------------|---------------|------------|---------------------|------|
| eam Manager           |                   |                    |               |            |                     |      |
| ome Phone             |                   |                    | _Cell Phone   |            |                     |      |
| Mailing Address       |                   | City_              |               | <b>Z</b> i | ip                  |      |
| Email Address         |                   |                    |               |            |                     |      |
| Assistant Team Manag  | er                |                    |               |            |                     |      |
| Home Phone            |                   |                    | _Cell Phone_  |            |                     |      |
| Email Address         |                   |                    |               |            |                     |      |
| Where did you hear of | this program? (Ad | is, Internet, word | of mouth, etc | :.)        |                     |      |
|                       |                   |                    |               |            |                     |      |
| Team roster           | must be comp      | oleted and turi    | ned in by t   | he team's  | first scheduled gar | me!! |
|                       |                   |                    |               |            |                     |      |
| Office use only: Ck   | Ck#               | Ca                 | V/MC          | Exp        |                     |      |
| Receipt #             | Date              |                    | Employee      |            | Amt Pd              |      |