

Byron Township Recreation Department

2017 Fall Adult Softball Team Entry Form



Team Name: _____

Manager's Name: _____ Email: _____

Address: _____ City/State/Zip: _____

(Day) Phone: _____ (Night) Phone: _____

Assistant Manager's Name: _____ Email: _____

Please indicate your first and second choice for league play. If your first choice is filled we will do our best to place you into your second choice. The Recreation Department reserves the right to place teams in leagues as see fit. Registration is first come first serve.

<u>Night</u>	<u>Type</u>	<u>Activity #</u>	<u>First Game</u>	<u># of Games</u>	<u>CHOICE #</u>
Monday	Men's	2042	6:15pm	6 + tournament	_____
Monday	Coed	2043	6:15pm	6 + tournament	_____
Tuesday	Men's	2044	6:15pm	6 + tournament	_____
Tuesday	Coed	2045	6:15pm	6 + tournament	_____
Wednesday	Men's	2046	6:15pm	6 + tournament	_____
Wednesday	Coed	2047	6:15pm	6 + tournament	_____
Thursday	Men's	2048	6:15pm	6 + tournament	_____
Thursday	Coed	2049	6:15pm	6 + tournament	_____

Are you transferring your 2017 Summer Roster: _____ Yes _____ No Summer League Night: _____ Team Name: _____

REGISTRATION INFORMATION:

TEAM FEE: \$325

Games begin August 21, 2017

REGISTRATION BEGINS: June 5, 2017

DEADLINE: Saturday, July 22, 2017 (\$25 late fee will be assessed after the deadline if space is available)

To Register: Mail/Walk In/Fax In: Mail-in, drop off or fax your registration form & **full** registration fee to the Byron Township Recreation Department, 2120 76th Street, Byron Center, MI 49315. There will be a \$7 convenience fee for Credit Card transactions.

NOTE: No refunds will be given after the deadline.

Statement of Acknowledgement: I agree to play by the rules, regulations, policies and procedures of the Byron Township Recreation Department Fall Adult Slow Pitch Softball Program. I also agree to take on the responsibility to inform all my players of the rules, regulations, policies and procedures. All players must be 18 or over.

Manager's or Team Representative's Signature

Credit Card # _____ MasterCard / Visa Security Code: _____ Expiration Date: _____

Name on Credit Card: _____

OFFICE USE ONLY: Cash: _____ Check: _____ CC: _____ Amount Paid: _____ Date Paid: _____ Receipt #: _____