



BYRON TOWNSHIP RECREATION DEPT. 2018 Summer Adult Slow Pitch Softball Team Entry Form

Team Name: _____

Manager's Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

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

Assistant Manager's Name: _____ Email: _____

Please indicate your first, second, and third choice for league play. Every effort will be made to place you in the division of your request. Please understand that we will be review data filled out on this form along with previous performance when placing teams in a division.

<u>Night</u>	<u>Type</u>	<u>Fence</u>	<u>Activity #</u>	<u># of Teams per league</u>	<u>CHOICE #</u>
Monday	Coed III	250 ft.	2010	6	_____
Monday	Coed Level II	285 ft.	2011	6	_____
Monday	Men's Level II	300 ft.	2012	12	_____
Tuesday	Men's Level I	300 ft.	2013	6	_____
Tuesday	Men's Level II	300 ft.	2014	6	_____
Tuesday	Men's Level III	285 ft.	2014.5	6	_____
Tuesday	Coed Level III	250 ft.	2015	6	_____
Wednesday	Men's Level II	300 ft.	2016	12	_____
Wednesday	Men's Level III	285 ft.	2017	6	_____
Wednesday	Coed Level III	250 ft.	2018	6	_____
Thursday	Men's Level II	300 ft.	2019	6	_____
Thursday	Coed Level I	300 ft.	2020	6	_____
Thursday	Coed Level II	285 ft.	2021	6	_____
Thursday	Coed Level III	250 ft.	2022	6	_____

NOTE: Level I is the most competitive level; Level II is a medium level; Level III is the most recreational level.

REGISTRATION FEE: \$475 Per Team

REGISTRATION BEGINS: Monday, Feb 5, 2018 (First come, first served basis)

REGISTRATION DEADLINE: March 10, 2018 (\$25 late fee will be assessed after the deadline if space is available)
Please note that leagues fill up quickly so register early. No refunds will be given after the deadline.

TO REGISTER: Mail/Fax/Walk -In: Mail-in, Fax In or drop off completed registration form & **full** registration fee to the Byron Township Recreation Department, 2120 76th Street, Byron Center, MI 49315.
Cash, checks and credit cards (Visa , Disc, MC) are accepted. Please note that there is a \$8 convenience fee when using a credit card. Make checks payable to: Byron Township.

TEAM ROSTERS: Completed rosters are due in the Recreation Office by 3:00pm on Saturday, April 21, 2018.

PLEASE FILL IN ALL THE INFORMATION BELOW COMPLETELY :

1. Indicate if this is a Returning or New Team: *Returning Team* _____ or *New Team* _____
2. If you are a returning team please list last year's team name: _____

If not a Returning team, and team played in another community last year, please complete the following:

City _____ Team Name _____ Day _____ Record _____ Level _____

3. Please rank your team's ability on a scale of 1 to 3 (1 = very good, 2 = above average, 3 = average) in the following areas and then provide a short written summary of your rankings:

Hitting (including home run power and extra base potential)	1	2	3
Defense (infield and outfield)	1	2	3
Speed (offense and defense)	1	2	3
Overall Ranking	1	2	3

Written Summary of your team's abilities. You will be placed in a league according to the level of your players. Teams will be ranked as evenly as possible. Please be specific and honest. _____

MANDATORY MANAGER'S MEETING: Wednesday, April 18, 2018 6:30pm Community Center
(Community Center, 2120 76th Street, Byron Center, MI 49315)

Note: If the manager is unable to attend the meeting please send a team representative or plan to take the online quiz as a replacement for the meeting. Teams that have a representative or take the quiz will receive a 1/2 of a win to start the season. This could make an impact on the final standings especially if there is a tie.

Statement of Acknowledgement:

I agree to play by the rules, regulations, policies and procedures of the Byron Township Recreation Department Summer Adult Slow Pitch or Fast Pitch Softball Program. I also agree to take the responsibility to inform all my players of the rules, regulations, policies and procedures. I understand that all players must be 18 years old or older.

Manager's or Team Representative's Name Printed

Manager's or Team Representative's Signature

(Note: There is a \$8 convenience fee for credit card transactions)

Credit Card#: _____ Name on card: _____ Address: _____ Zip: _____

Expiration Date: _____ VISA Discover MasterCard **OFFICE USE ONLY:**

Cash: _____ Check: _____ Date Paid: _____ Amount Paid: _____ Receipt #: _____