

Raytown Parks and Recreation

2017 Softball Team Registration Form

Team Name: _____ # of Raytown Residents: _____

Manager: _____ phone(home): _____ work: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistant Manager: _____ phone(home): _____ work: _____

<p>50+</p> <p>Mon <input type="checkbox"/></p> <p>Tues 'B' <input type="checkbox"/></p> <p>Wed 'C' <input type="checkbox"/></p> <p>Thurs <input type="checkbox"/></p>	<p>Men's Softball</p> <p>Sunday Men 'C' <input type="checkbox"/></p> <p>Spring <input type="checkbox"/></p> <p>Sun Men 'C' DH <input type="checkbox"/></p> <p>Summer <input type="checkbox"/></p>	<p>Coed</p> <p>Sun Coed 'C' <input type="checkbox"/></p>	<p>Kickball</p> <p>Coed <input type="checkbox"/></p>
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	Players Name	Address	City	St	Zip
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
*14					
15					
16					
17					
18					
19					
20					

* Minimum number of players needed on roster.