

Fall Ball 2010 Team Registration Form

Team Name: _____

DIVISION 10&Under 12&Under 14&Under 17&Under

Manager or league representative / contact person _____

Primary Phone _____ Home Work Cell Additional Phone _____ Home Work Cell

E-Mail Address _____ (please print clearly)

Additional E-Mail address _____

League _____

Refunds (for rained out games) should be made payable to: _____

Address to send refund checks _____

Please check off the dates you would like to play (2 games each Sunday)

All Four Sundays Only the following Sundays
Sunday 9/12/10 Sunday 9/19/10 Sunday 9/26/10 Sunday 10/3/10

Send registration form and check (\$70 for each Sunday or \$280 for all 4 Sundays (8 games) to:
Rotterdam Girls Softball League, PO Box 6086, Schenectady, NY 12306
MAKE THE CHECK PAYABLE TO: **JACKIE O'BRIEN**

Please check box next to preferred level of competition (No guarantees)

RED (most competitive)
BLUE (moderately competitive)
WHITE (least competitive / recreational)

Please check box next to preferred games times (NOT ALL requests can be honored)

AM games (9 & 11 AM) PM games (1 & 3 PM) No preference

I understand the rules for Fall Ball 2010. I will let the Fall Ball Coordinator know as soon as possible if a team cannot be fielded for any scheduled game. **I will insure that the team has insurance coverage.**

Signature of manager or league representative _____ Date _____

(Please refer to Fall Ball 2010 Information for additional information on completing this form)