

## SOFTBALL REGISTRATION FORM

Team Name \_\_\_\_\_

Last Year's Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Manager's Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Hm Phone \_\_\_\_\_

Email \_\_\_\_\_ 2nd Phone \_\_\_\_\_

**Men's Leagues:** Recreational B  Recreational A

**Co-Rec Leagues:** Recreational B  Recreational C

**Day of Week:** Mon  Tues  Wed  Thurs

**Field:** PRW  O'Neil

Bloomington Parks, Recreation & Cultural Arts  
115 E Washington St. Suite 103  
Bloomington, IL 61701  
Phone: 309-434-2260 Fax: 309-434-2483

### Charge Information -

VISA, MasterCard, Discover Only.  
Not necessary if paying by check or cash.



Credit Card Number	Expiration Date
Card Holder ( <i>print name</i> )	Payment Amount
Authorized Signature	V-Code on back