

SOFTBALL LEAGUE TEAM REGISTRATION

TEAM NAME (IF APPLICABLE)				
TEAM NAME				

TEAM CAPTAIN (POINT OF CONTACT)			
NAME	ADDRESS		
PHONE	CITY, STATE, ZIP		

ADDITIONAL TEAM PLAYERS						
ER 1	NAME	ADDRESS				
PLAYER 1	PHONE	CITY, STATE, ZIP				
ER 2	NAME	ADDRESS				
PLAYER 2	PHONE	CITY, STATE, ZIP				
PLAYER 3	NAME	ADDRESS				
PLAY	PHONE	CITY, STATE, ZIP				
PLAYER 4	NAME	ADDRESS				
PLAY	PHONE	CITY, STATE, ZIP				
ER 5	NAME	ADDRESS				
PLAYER 5	PHONE	CITY, STATE, ZIP				
R 6	NAME	ADDRESS				
PLAYER 6	PHONE	CITY, STATE, ZIP				
ER 7	NAME	ADDRESS				
PLAYER 7	PHONE	CITY, STATE, ZIP				
ER 8	NAME	ADDRESS				
PLAYER 8	PHONE	CITY, STATE, ZIP				
ER 9	NAME	ADDRESS				
PLAYER 9	PHONE	CITY, STATE, ZIP				

Putnam Lake

SOFTBALL LEAGUE TEAM REGISTRATION

ADDITIONAL TEAM PLAYERS (CONTINUED)				
PLAYER 10	NAME	ADDRESS		
	PHONE	CITY, STATE, ZIP		
R 11	NAME	ADDRESS		
PLAYER 11	PHONE	CITY, STATE, ZIP		
R 12	NAME	ADDRESS		
PLAYER 12	PHONE	CITY, STAT	E, ZIP	
R 13	NAME	ADDRESS		
PLAYER 13	PHONE	CITY, STATE, ZIP		
R 14	NAME	ADDRESS		
PLAYER 14	PHONE	CITY, STATE, ZIP		
R 15	NAME	ADDRESS		
PLAYER	PHONE	CITY, STAT	E, ZIP	
R 16	NAME	ADDRESS		
PLAYER 16	PHONE	CITY, STATE, ZIP		
	AGREEMENT	,		
I certify that the information provided is accurate to the best of my knowledge.				
SIGNATURE OF TEAM CAPTIAN OR POINT OF CONTACT			DATE	

(FOR OFFICE USE ONLY)						
FEES COLLECTED	DATE	PAYMENT/CHECK #	RECEIVED BY			