

Putnam Lake

PARK DISTRICT

SOFTBALL LEAGUE TEAM REGISTRATION

TEAM NAME (IF APPLICABLE)	
TEAM NAME	

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

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

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ADDITIONAL TEAM PLAYERS (CONTINUED)		
PLAYER 10	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 11	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 12	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 13	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 14	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 15	NAME	ADDRESS
	PHONE	CITY, STATE, ZIP
PLAYER 16	NAME	ADDRESS
	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