2020 REGISTRATION
BAYTOWN AREA SENIOR SOFTBALL

FIRST NAME _____ LAST NAME _____

AGE AS OF 12/31/2020 _____ BIRTH DATE _____ /_____ / _____

PHONE (HOME) _____ (WORK) _____ (CELL) _____

EMAIL (important) _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____ SPOUSE'S NAME _____

League Preference: (circle one): A League B League
Check here if you do not want your contact information posted on the website ☐

SHIRT SIZE (circle One) SM MED LG XL XXL XXXL (allow for shrinkage)

Do you want an extra shirt? (Add $10 to your dues payment) YES NO

I, the undersigned, agree to hold harmless Baytown Area Senior Softball, Inc. (BASS), its officers and directors, Harris County, and the city of Baytown Parks and Recreation Department, from any and all liability, including but not limited to, injury or death, resulting from my participation in any BASS sanctioned function. I also agree to abide by all league rules.

DATE ____ / ____/ ____ SIGNATURE _____

DUES PAYMENT OPTIONS: Spring and Fall ($75) ??
(add $10 if you want an extra shirt) Spring only ($55) ??
Fall only ($30) ??

PAID: CASH _____ CHECK _____ CHECK # _____ (payable to BASS)

THIS REGISTRATION FORM MUST BE COMPLETED AND TURNED IN PRIOR TO THE FIRST LEAGUE GAME.