

Adult Softball Team Registration Form

Please list all team member's names as they will appear on their identification. Payment is due at the time of registration. Cost of registration is \$500 per team. **Registration is due by April 8th, 2019. All team members must be 16 years of age or older as of April 8th, 2019.**

Please make checks payable to Banks County Parks and Recreation.

TEAM NAME _____

League: _____ COED _____ Mens Open

PLAYER'S NAME	ADDRESS	AGE and BIRTHDATE

TEAM REPRESENTATIVE/COACH CONTACT INFORMATION

NAME _____ PHONE NUMBER _____

EMAIL _____

As team representative I certify that all above information is accurate. I understand that this registration is non-refundable once submitted. I understand that as the team contact, I will be responsible for all team communication. In the event that I am unable to continue with this role, I will ensure that our new contact is in communication with the BCPRD staff.

CONTACT SIGNATURE _____ Date _____