



***Team Registration Form
Fall 2010 Season
Adult Softball***

TEAM NAME: _____

Team Manager: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Other Phone #: _____ **E-mail:** _____

Team Coach: _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Other Phone #: _____ **E-mail:** _____

Open _____ **Church** _____ (**Division*** _____) **Women** _____ **Coed** _____
(A or B)

*Clinton Parks & Recreation will make final Division placing.



Team Roster
Fall 2010 Season
Adult Softball

TEAM NAME: _____
JERSEY COLOR _____

Team Manager: _____ **Team Coach:** _____

Home Phone: _____ **Home Phone:** _____

Other Phone: _____ **Other Phone:** _____

	NAME	ADDRESS	PHONE
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