ADULT SOFTBALL TEAM APPLICATION - MENS

Please check our website for more Adult Softball information:
http://alamedaca.gov/recreation/softball

(Please print clearly)

ATTENTION ALL MANAGERS:
We need your current e-mail address in order to send all league information plus updated rules, latest bat list, etc. WE WILL NO LONGER HAVE A MANAGER’S MEETING SO ALL CORRESPONDENCE WILL NOW TAKE PLACE IN E-MAIL FORMAT.

MANAGER’S CURRENT E-MAIL ADDRESS:

MANAGER’S NAME

MANAGER’S MAILING ADDRESS

CITY ZIP

MANAGER’S DAY PHONE ( ) MANAGER’S EVENING PHONE ( )

SPONSOR’S NAME OR TEAM NAME___________________________________________________________

1. Was your team entered in last year’s league play? ................................................................. Yes____ No____

2. What was the name of your team last year? ________________________________________________

3. Is your team name or sponsor different from last year? .......................................................... Yes____ No____
   If different, please state new name

4. Is your team sponsored by an Alameda business firm? ......................................................... Yes____ No____

5. Does your team consist of 50% who are Alameda residents? .............................................. Yes____ No____

6. If your team IS NOT sponsored by an Alameda business firm, does your team consist of at least 75% players who are Alameda residents? ......................... Yes____ No____

CLASSIFICATION

D ______

NIGHT PREFERENCE

RANK IN ORDER OF PREFERENCE
(1 - First Choice; 4- Last Choice)

Tuesday __________

Wednesday _________

Friday ______________

Saturday ____________

DEPOSIT.........................Amount: $_______

Cash ______ Check # ______

DISCOVER/MC/VISA_________ - - - - - - - - - - Exp Date _______

Cardholder's Name___________________________________________________________

ENTRY FEE BALANCE.....Amount: $____________

Cash ______ Check # ______

DISCOVER/MC/VISA_________ - - - - - - - - - - Exp Date _______

Cardholder's Name___________________________________________________________

TOTAL TEAM MONIES.....Amount: $____________

Cash ______ Check # ______

DISCOVER/MC/VISA_________ - - - - - - - - - - Exp Date _______

Cardholder's Name___________________________________________________________

LEAGUE_________ NIGHT(S) ___________ FIELD

Revised – 02/13/np