



Alameda Recreation and Park Department
 2226 Santa Clara Avenue, Alameda, CA 94501 - (510) 747-7529 / Fax: (510) 523-4071

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 _____
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***** OFFICE USE ONLY *****

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 _____