**ADULT SOFTBALL TEAM APPLICATION – WOMENS**

*Please check our website for more Adult Softball information:*

http://alamedaca.gov/recreation/softball

*(PLEASE PRINT CLEARLY)*

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**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: ____________________________________________________________

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**MANAGER’S NAME**

________________________________________

**MANAGER’S MAILING ADDRESS**

________________________________________

CITY ___________________________ ZIP __________

**MANAGER’S DAY PHONE ( ) __________________**

MANAGER’S EVENING PHONE ( ) ______________

**SPONSOR’S NAME OR TEAM NAME**

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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____

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**CLASSIFICATION (check one)**

| C | D |

**NIGHT PREFERENCE**

**RANK IN ORDER OF PREFERENCE** (1 - First Choice; 5 - Last Choice)

- Monday ____________
- Tuesday ____________
- Wednesday __________
- Thursday ____________
- Friday ____________

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**OFFICE USE ONLY**

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**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 __________________________________________________________________________

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**LEAGUE** __________________**NIGHT(S)** __________________**FIELD** ________________

Revised – 02/13/np