



**Athletics Section
2019 Fall Leagues
Adult Softball Program
Team Registration Form**

IMPORTANT!!

This form must be completed in **BLACK** or **BLUE** ink **ONLY**.
Emails are mandatory to communicate with managers.
These leagues are sanctioned by NSA.

Registration Fee (check one):	Greensboro City / Guilford County Resident Fee	Non County Resident Fees
	<input type="checkbox"/> \$475	<input type="checkbox"/> \$1069

League, Playing Days & Competition Levels	
League (check one)	<input type="checkbox"/> Co-Ed Softball OR <input type="checkbox"/> Men's Modified Softball (Tuesday/Thursday ONLY)
Playing Days (check one)	<input type="checkbox"/> Monday/Wednesday OR <input type="checkbox"/> Tuesday/Thursday
Competition Level (Check one)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

NOTE: Although teams may request preferred playing days and competition levels, the League Director reserves the right to place a team in a specific league or on a playing day to ensure competitive play and to maximize the use of available facilities.

Team Information	
Team Name:	
Did This Team Play Last Year?	Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Last Year's Team's Name:	
Competition Level Played:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Team Contact Information	
Team Manager's Name:	
Street Address:	
City / State / Zip:	
Manager's Phone Numbers	Cell Phone:
	Work Phone:
	Home Phone:
	Fax Number:
Email Address:	

Team Assistant Manager	
Street Address:	
City / State / Zip:	
Asst. Manager's Phone Numbers	Cell Phone:
	Work Phone:
	Home Phone:
	Fax Number:
Email Address:	

For Staff Use Only		
Payment Information	Payment Type:	<input type="checkbox"/> Cash <input type="checkbox"/> Check & Number: <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
	Amount Paid:	Receipt Number:
	Payment Date:	Staff Person:
Refund Information	Refund Amount:	Refund Date:
	Staff Person:	
	Reason for Refund:	