

**Clarksville Parks and Recreation
FALL Adult Softball League Registration Form**

Coach Name: _____ Birthdate: _____
(Name/number listed on schedule & called for changes etc.) (system use only)

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____
(Please list 2 phone numbers, if possible) DO NOT LIST CHURCH NUMBER

E-Mail: _____
(team schedule and schedule changes will be e-mailed to this address)

Team Name: _____

Special Request: _____
(Only 2 block-out dates will be considered)

CHECK WHICH LEAGUE YOU WISH TO PLAY IN:
(Use separate form for more than one league or team)

_____ Sunday Men's League (Choosing a division does not guarantee that league will be split)
_____ A Division*
_____ B Division

_____ Monday Co-Ed KICKBALL LEAGUE

_____ Tuesday True Co-Ed League(Choosing a division does not guarantee that league will be split)
_____ A Division*
_____ B Division

_____ Wednesday Men's League

_____ Thursday Women's League

_____ Thursday Men's OVER 45 League

_____ Friday Church Co-Ed League(Choosing a division does not guarantee that league will be split)
_____ A Division*
_____ B Division

*****We reserve the right to base division splits on league standings*****

(TO BE FILLED IN BY PARKS PERSONNEL)

Date of Deposit : _____ Date Balance Paid: _____

Deposit Amount: \$ _____ Balance Paid: \$ _____
(Cash, Check, Credit Card) (Cash, Check, Credit Card)

Receipt Number: _____ Receipt Number: _____
Received By: _____ Received By: _____