



Shreveport Public Assembly and Recreation
2010 Adult Co-Ed Softball Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$200.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED
(Team Entry Deadline: July 7, 2010)
SEASON BEGINS July 19, 2010

TEAM NAME: _____ NEW TEAM (Circle One): YES NO

LEAGUE: (Circle One) MEN WOMEN COED
(Circle One) CHURCH OPEN

CLASSIFICATION LEVEL REQUESTED: TOP 1/3 MIDDLE 1/3 BOTTOM 1/3

TEAM NAME LAST YEAR: _____

COACH'S NAME: _____

HOME ADDRESS: _____ (Street) _____ (Apt / Lot #)
_____ (City) _____ (Zip Code)

W/PHONE: _____ CELL PHONE: _____ FAX: _____
H/PHONE: _____ PAGER: _____ EMAIL: _____

ASST. COACH'S NAME: _____

HOME ADDRESS: _____ (Street) _____ (Apt / Lot #)
_____ (City) _____ (Zip Code)

W/PHONE: _____ CELL PHONE: _____ FAX: _____
H/PHONE: _____ PAGER: _____ EMAIL: _____

FOR SPAR USE ONLY			
AMOUNT \$: _____	DATE: / / _____	RECEIPT #: _____	RECEIVED BY: _____

Please list any dates/days/times and reason your team **ABSOLUTELY** cannot play. We will attempt to honor your request.
