



Shreveport Public Assembly and Recreation
2010 Adult Spring Softball Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$260.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED
(Team Entry Deadline: March 23, 2010)
SEASON BEGINS April 5, 2010

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

| | | | | | | |
|--------------------------------------|------------------------|-----------|-------|----------|------|------------|
| LEAGUE: | (Circle One Per Group) | MEN / | WOMEN | CHURCH / | OPEN | |
| CLASSIFICATION LEVEL REQUESTED: | | A | B | C | D | E |
| (Over-The-Fence Home Run Limits) MEN | | Unlimited | 6 | 3 Up | 1 UP | 0 (HR=OUT) |
| WOMEN LEAGUE | | 1 | 2 | 3 4 | | |

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.

