

# INDEPENDENT CHURCH LEAGUE

## 2010 SOFTBALL REGISTRATION

Church \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Church Representative Signature (Required) \_\_\_\_\_

**Preferred Division:**       Mens A       Mens B       Mens C       Mens D  
                                  Coed A       Coed B       Coed C       Coed D  
                                  Coed E       Coed F       Coed G       Coed H

Coach \_\_\_\_\_ E-Mail (Print Clearly) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Alternate Coach \_\_\_\_\_ Phone \_\_\_\_\_

Check all the nights on which you can play:      \_\_\_ Tue      \_\_\_ Thu      \_\_\_ Fri

Indicate any specific dates on which you cannot play.

\_\_\_\_\_

Is this your first year in the league      \_\_\_ Yes      \_\_\_ No

If you competed last year what was win-loss record? \_\_\_\_\_ In which division? \_\_\_\_\_

Suggested 2010 division: \_\_\_\_\_ Reason: \_\_\_\_\_

**Please complete your player roster on the back of this form (Name & Age).**

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For Board Information only (leave blank)

Amount Paid \_\_\_\_\_ ( ) Check ( ) Cash      Date \_\_\_\_\_

Church Representative Signature?      \_\_\_ YES      \_\_\_ NO