

Softball League Registration Form

City of Farmington Parks & Recreation

MANAGER INFORMATION:

Team Name: _____

Former Team Name (If Any): _____

Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

ASSISTANT MANAGER INFORMATION:

Assistant Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

HOME PHONE: _____ Work Phone: _____

Email: _____

Softball League:

(Circle One) RETURNING TEAM NEW TEAM

SUMMER:

(Circle One) SUNDAY (CO-REC) TUESDAY (MEN) THURSDAY (MEN)

FALL:

(Circle One) SUNDAY (CO-REC) MONDAY (MEN)

*****FOR OFFICE USE ONLY*****

Deposit Amt. \$ _____ Check # _____ Date Paid _____ Bal. Due \$ _____

Balance Paid \$ _____ Check # _____ Date Paid _____

New Teams – Admitted into league? (Circle One) Yes No Night: _____

Softball Fees: \$535.00

City of Farmington – 430 Third Street, Farmington MN 55024

Phone: (651) 280-6854

Fax: (651) 280-6899