

SOFTBALL REGISTRATION FORM

Team Name _____

Last Year's Team Name _____

Manager's Name _____

Manager's Address _____

City _____ Zip _____ Hm Phone _____

Email _____ 2nd Phone _____

Men's Leagues: Recreational B Recreational A

Co-Rec Leagues: Recreational B Recreational C

Day of Week: Mon Tues Wed Thurs

Field: PRW O'Neil

Bloomington Parks, Recreation & Cultural Arts
115 E Washington St. Suite 103
Bloomington, IL 61701
Phone: 309-434-2260 Fax: 309-434-2483

Charge Information -

VISA, MasterCard, Discover Only.
Not necessary if paying by check or cash.



Credit Card Number	Expiration Date
Card Holder (<i>print name</i>)	Payment Amount
Authorized Signature	V-Code on back