

2017 Adult Softball Registration Form

All fees must be submitted to reserve your teams spot. Rosters are not due at the time of registration. Current, valid photo ID's must accompany your completed rosters or the roster must be notarized (Tournament Leagues and Senior Divisions exempt).

Date: _____

Please Circle One Division of Play:				
Men's	Women's	Industrial	COED	Seniors: 050 / 060
Please Circle One Classification of Play:				
Tournament			Recreation	

Entry Fee: City of Milford \$240*

Team Name: _____ Requested Night of Play: _____

Manager's Name: _____ DOB: _____

Manager's Address: _____ / _____
Street Residence City, State & Zip

Manager's Email Address: _____

Manager's Mobile Phone: _____ Provider: _____

Manager's Work Phone: _____ Manager's Home Phone: _____

Special Requests/ Notes : _____

Additional Email Contacts: _____

 FOR OFFICE USE ONLY

Two Separate Checks Please*

Entry Fee: City of Milford \$200	# _____	\$ _____		Date:	_____
Entry Fee: City of Milford \$40	# _____	\$ _____ (CT ASA Fee)		Time:	_____
Grandfather Fee: (\$50 per non-res)	# _____	\$ _____		Method:	Check / Cash / Credit Card
Total:	-	\$ _____		Notarized Roster:	Y N N/A
				Initial:	_____

* Different Accounts