



2017 Youth Girl's Fall Softball Registration Form (Recreational League Form)

Session: Fall:
 Registration Dates: Deadline: July 21, 2017
 League Session Dates: August 7 – September 15, 2017
 Skip Dates: 9/1, 9/4
 Schedule Pick-Up Date: Mon. 7/31 (11 am – 6pm)

- Special schedule requests will be honored when possible, **but cannot be guaranteed.** All registrations are on first-come first-serve basis.
- Make-up games may be scheduled on weekends if space is not available on the night you play.
- Refund requests will be accepted up to July 21, 2017. Approved refunds will be charged a \$10.00 processing fee.
- If you have an individual with a disability, the Park Board requires at least one-week notice to provide individual accommodations. Please describe accommodations needed on the back of this form.
- This registration form is for team registration only. Individuals wanting to be placed on an individual waiting list may call the Killian office.

PLEASE COMPLETE THE INFORMATION BELOW WITH PAYMENT. (We do not take registrations over the phone)

MAIL your entry form to: Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803	Register in person: Killian Sports Complex 2141 E. Pythian Springfield, MO	FAX registration to: FAX to (417) 837-5829	For Additional Information call: Killian Sports Complex Office (417) 837-5817 Website: www.parkboard.org
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Please make checks payable to: **Springfield-Greene County Park Board** and include your Drivers License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form in order to complete registration. . **NEW: late fee of \$30 will be charge for registration after deadline.**

TEAM NAME: _____ MANAGER'S NAME: _____
 ADDRESS: _____ CITY: _____ ZIP CODE: _____
 DAY PHONE:() _____ EVENING PHONE:() _____ CELL PHONE: () _____
 EMAIL ADDRESS: _____ 2016 LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY:

<u>League Name</u>	<u>Nights Available</u>	<u>Team Registration Fee</u>	<u>AVAILABLE SPOTS</u>
8U COACH-PITCH	WEDNESDAY	\$150 / 5-games	30 TEAMS
10U COACH PITCH	MONDAY	\$150 / 5-games	30 TEAMS
10U MODIFIED PITCH	TUESDAY	\$170 / 5-games	30 TEAMS
12U FAST PITCH	THURSDAY	\$170 / 5-games	30 TEAMS
14U FAST PITCH	MONDAY	\$175 / 5-games	30 TEAMS

ACE Certified Coach (or NYSCA Certified Coach) Mandatory: _____ **Certification#:** _____

HCS/HB 62 (31) - Crime Law, all youth sports coaches, managers, and trainers shall be subjected to a background check against the Missouri Sex Offenders Registry before league play begins. Please list all coaches, managers, and trainers legal name, address, city and zip code below. If you need additional space you may attach a sheet of paper or use the back of this form.

Name: _____ **Address:** _____ **City/Zip:** _____
Name: _____ **Address:** _____ **City/Zip:** _____
Name: _____ **Address:** _____ **City/Zip:** _____

Method of Payment: Cash ___ Check ___ Visa ___ MasterCard ___ Discover ___ Am. Express ___ Card # _____

Signature: _____ Expiration Date: _____ Security # (on back) _____

(For office use only)

Amount Paid: _____
 Reference / Check Number: _____
 Receipt Number: _____