



## 2019 FALL Girl's Youth Softball Team Registration Form (Competitive League Form)

**Registration Dates:** Jan 22 – July 19, 2019    **League Session Dates:** Aug 5 – Sep 9, 2019    **Skip Dates:** 9/2

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 March 22, 2019. 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.
- 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)**

<b>MAIL your entry form to:</b> Springfield-Greene County Park Board Attn: Community Athletics 1923 N. Weller Springfield, MO 65803	<b>Register in person:</b> Killian Sports Complex 2141 E. Pythian Springfield, MO	<b>FAX registration to:</b> FAX to (417) 837-5829	<b>For Additional Information call:</b> Killian Sports Complex Office (417) 837-5817 Website: <a href="http://www.parkboard.org">www.parkboard.org</a>
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Please make checks payable to: **Springfield-Greene County Park Board** and include your Driver's License Number and Place of Employment on the check. MasterCard, Discover and Visa accepted. Payment must accompany form. **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: \_\_\_\_\_ 2018 LEAGUE TEAM NAME: \_\_\_\_\_

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

**TEAM INFORMATION** (Please circle league name and your team ability rating with 1 being the highest and 3 the lowest)

Circle League Name	Nights Available	Team Registration Fee	Team Ability Rating
10U MODIFIED PITCH	TUESDAY	\$235 / 5-games	1) Experienced rec team
12U FAST PITCH	THURSDAY	\$235 / 5-games	
14U FAST PITCH	MONDAY	\$240 / 5-games	2) Semi-experienced rec team
			3) Beginner Recreational team

*(To double enter your team in this league, please fill out two separate forms, double entry fee and list teams with an A or B after it)*



**SPECIAL 2019 PARTNERSHIP: Parks + Springfield Cardinals = everyone wins!**  
 As a special joint promotion, each registered player will receive a voucher from the Springfield Cardinals for two (2) tickets for field boxes to a 2019 home game PLUS a Springfield Cardinals ball cap.

2019 **MANDATORY ACE** Certified Coach    Name: \_\_\_\_\_    Certification#: \_\_\_\_\_

**HCS/HB 62 (31) - Crime Law**, all youth sports coaches, managers, scorekeepers and trainers inside of the bench area 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: \_\_\_\_\_

**NEW!!! COUPON BOOKS** are available and can be purchased with your registration form. Your purchased coupon books will be attached to your schedule at the time of pick-up. **CIRCLE THE TYPE OF BOOKS (5, 7, OR 14) YOU WOULD WANT TO PURCHASE.**

5 ticket-Coupon Books = \$ 8.75    7 ticket-Coupon Books = \$ 12.25    14 ticket-Coupon Books = \$ 24.50    HOW MANY BOOKS? \_\_\_\_\_

LEAGUE REGISTRATION FEE: \$ \_\_\_\_\_ + COUPON BOOKS FEE (IF PURCHASED): \$ \_\_\_\_\_ = TOTAL DUE: \$ \_\_\_\_\_

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: \_\_\_\_\_