



2023 Adult Softball League Registration Form (Spring/Summer 14-Game League)

Session: Spring/Summer
 Registration Deadline: Mar. 17, 2023
 League Session Dates: Mar. 27th- July 18th
 Skip Dates: 5/22 – 23 (MSHSAA Softball State)
 5/29 (Memorial Day)
 7/4 (4th of July)

- Slow-pitch softball games are played at the Killian Sports Complex **ONLY**.
- Teams may ask for special schedule requests, **but not guaranteed**.
- Make-up games may be scheduled on scheduled night or weekends if needed.
- Refund requests will be accepted up to March 17th, 2023. Approved refunds will be charged a \$10 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.
- Registration is by team registration only. Registration spots are available on a **first-come first-serve basis**.

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
 (417) 837-5817 for information

Register in person: Killian Sports Complex
 2141 E. Pythian Springfield, MO

FAX registration: (417) 837-5829

NEW: Online Registration: parkboard.org/557/Softball
 (Online registration is limited)
 Additional Online FEE will be charged

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 to complete registration. One form per team entry.

A 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 (required): _____
(Required Information) DRIVERS LICENSE #: _____ **PLACE OF EMPLOYMENT:** _____
(Required if played) 2022 SPRING/SUMMER OR FALL LEAGUE TEAM NAME: _____

CIRCLE LEAGUE, NIGHT AND TEAM CLASS INFORMATION THAT YOU REQUEST TO PLAY / ONE TEAM ENTRY PER FORM:

TEAM CLASS INFORMATION (circle a number) **1** **2** **3** **4**

(Please rate your team's ability by circling a 1 for needing the highest level of competition and 4 the lowest level of competition)

<u>League</u>	<u>Nights Available</u>	14 GAME SCHEDULE
		<u>Team Fee</u>
MEN'S SLOW PITCH	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY	\$385 team
MEN'S CHURCH SLOW PITCH	MONDAY	\$385 team

COED (2-ball leagues)	WEDNESDAY THURSDAY FRIDAY	\$385 team
COED CHURCH (2-ball leagues)	THURSDAY	\$385 team

WOMEN'S SLOW PITCH	TUESDAY	\$385 team

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: _____