



# 2021 Adult Softball League Registration Form (Spring/Summer 14-Game League)

**Session:** Spring/Summer     
 **Registration Deadline:** Mar. 19, 2021     
 **League Session Dates:** Mar. 29 – July 16, 2021     
 **Skip Dates:** 5/31     
 **Online Managers Meeting:** Via email. Schedules emailed when completed

- Slow-pitch softball games are played at the Killian Sports Complex **ONLY**.
- Teams may ask for special schedule requests, **but these requests will not be guaranteed.**
- Make-up games may be scheduled on weekends if space is not available on the regular scheduled night.
- Refund requests will be accepted up to March 19, 2021. 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 no longer take phone registrations!)**

**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](http://www.parkboard.org)

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.

**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) 2020 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 being the highest level of competition and 4 the lowest level of competition)

<u>League</u>	<u>Nights Available</u>	<u>14 GAME SCHEDULE</u>
		<u>Team Fee</u>
MEN'S SLOW PITCH	MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY	\$350 team
MEN'S SLOW PITCH (non sanctioned usssa rules)	WEDNESDAY	\$350 team
MEN'S CHURCH SLOW PITCH	MONDAY	\$350 team
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COED (2-ball leagues)	WEDNESDAY      THURSDAY      FRIDAY	\$350 team
COED CHURCH (2-ball leagues)	THURSDAY	\$350 team
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WOMEN'S SLOW PITCH	TUESDAY	\$350 team
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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: \_\_\_\_\_