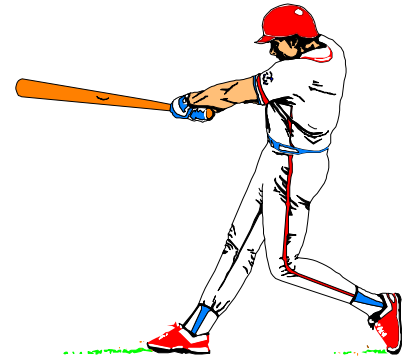


Redding Park and Recreation
PO Box 1071
Redding, CT 06875
(203) 938-2551
Fax 938 -1071



Adult Softball Team Registration Form 2018

Team Name _____

Company Name or previous name (if applicable) _____

Team Contact Person - Name _____ Phone _____

Work Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Email Address _____

Secondary Team Contact Name _____ Phone _____

Work Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Email Address _____

- I promise that the roster/waivers that I submit will be honest and accurate.
- I will only allow players who have a submitted roster/ waiver to play on my team.
- I understand I will be the only one dropping rosters of at the Park and Recreation office.
- **\$100 non-refundable team registration deposit is required by March 7.**
- **Balance due by April 4. Rosters of at least 12 players due on April 11.**
- **Late payment fee of \$25 required after April 4 deadline in addition to 2017 team fees.**

Signature _____ DATE _____

League Fees: \$475-500*

Amount enclosed \$ _____

Make check payable to: Town of Redding

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa AMEX Discoverer

Credit Card Number _____ Expiration Date _____

SIGNATURE _____ Three Digit Code _____

*League base fee is \$475 for a team of 100% residents / \$500 for non-residents