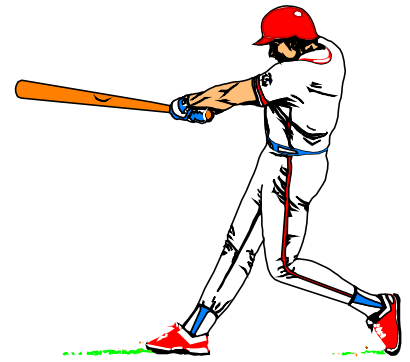


Redding Park and Recreation  
PO Box 1071  
Redding, CT 06875  
(203) 938-2551  
Fax 938 -1071



## Adult Softball Team Registration Form 2016

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 10.**
- **Balance due by April 7.**
- **Late payment fee of \$25 required after April 7 deadline in addition to 2016 team fees.**

Signature \_\_\_\_\_ DATE \_\_\_\_\_

League Fees: \$475-625\* (+\$80 forfeit deposit for new teams ) 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 + \$25 per non-resident up to a team fee maximum of \$625