



CITY OF AMES PARKS AND RECREATION DEPARTMENT
2010 FALL SOFTBALL REGISTRATION FORM
(Please use a separate form for each team.)

Name of 2010 Fall Team _____

Name of 2010 Summer Team _____

How does this team's level of play compare to your summer team? _____

Manager's Name _____ Day Phone # _____

Mailing Address _____ Evening Phone # _____

City/State/Zip _____ Cell Phone # _____

E-mail Address: _____

Please mark which league is best suited for your team by placing a "1" next to that league. Place a "2" by your second choice. *(A maximum of eight teams will be taken for all leagues except Sunday Co-Ed.)*

Men's Slowpitch: C1 (Mon) B (Tues) C4 (Wed) C2 (Thurs)

Co-Ed: C2 (Fri) C3 (Sun) C4 (Sun)

SCHEDULING INFORMATION. Requesting no or few 6:00 PM games will not be viewed as a conflict. If you have a date which your team has a conflict with, please list it below. An attempt will be made to accommodate your wishes.

Will your team be a Resident or Non-Resident team? Resident Non-Resident

As Manager of a registered adult softball team, I hereby agree to the following:

- 1) To pay the league fees, ASA registration fee, non-resident fees, and submit a fully completed league roster by Monday, August 9.
- 2) To attend or have a team representative attend our league manager's meeting on Wednesday, August 11.
- 3) To inform my team members of all league rules, regulations, and schedule.

Team Manager's Signature _____

Date _____

ATTENTION:

- **Registration must be accompanied by all fees.**
- **Registration materials must be received by Noon on August 9.**
- **There are 3 ways to register**
 - **At the Community Center Front Desk**
 - **Mailed to Ames Parks and Recreation, 515 Clark Ave, Ames, Iowa 50010**
 - **Placed in the City Hall payment drop box on Clark Ave.**

For Office Use Only:

Date Accepted: _____ Time: _____ Number: _____ Fees Paid: _____