

Fall Ball 2009 Team Registration Form

Team Name: _____

DIVISION 10&Under ☐ 12&Under ☐ 14&Under ☐ 17&Under ☐

Manager or league representative / contact person _____

Primary Phone _____ ☐ Home ☐ Work ☐ Cell Additional Phone _____ ☐ Home ☐ Work ☐ Cell

E-Mail Address _____ (please print clearly)

Additional E-Mail address _____

League _____

Please check off the dates you would like to play (2 games each Sunday)

Sunday 9/13/09 ☐

Sunday 9/20/09 ☐

Sunday 9/27/09 ☐

Sunday 10/4/09 ☐

Send registration form and check (\$70 for each Sunday or \$280 for all 4 Sundays (8 games) to:

Rotterdam Girls Softball League, PO Box 6086, Schenectady, NY 12306

MAKE THE CHECK PAYABLE TO: RGSL (ROTTERDAM GIRLS SOFTBALL LEAGUE)

Please check box next to preferred level of competition (No guarantees)

RED (most competitive) ☐

BLUE (moderately competitive) ☐

WHITE (least competitive / recreational) ☐

Please check box next to preferred games times (NOT ALL requests can be honored)

AM games (9 & 11 AM) ☐ PM games (1 & 3 PM) ☐ No preference ☐

I understand the rules for Fall Ball 2009. I will let the Division Coordinator know as soon as possible if a team cannot be fielded for any scheduled game. I will insure that the team has insurance coverage

Signature of manager or league representative _____ Date _____

(Please refer to Fall Ball 2009 Information for additional information on completing this form)