

# TEAM REGISTRATION FORM | 2019 THURSDAY MEN'S LEAGUES

## SPRING/SUMMER DOUBLEHEADER SOFTBALL

INSTRUCTIONS: **All fields are required.** A separate form is required for each team. Complete both pages of this form and submit with entry fee no later than **3 p.m. on the registration deadline.** The numbers of teams listed are maximums, and all games are played as doubleheaders. If leagues are full, teams will be added to a wait list.

Team Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Manager/Coach Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Would you like to receive email updates and rain-out notices from SoftballCityUSA.com?  Yes  No

Team Sponsor (Optional) \_\_\_\_\_ Phone \_\_\_\_\_

**Please select your team's division, playing ability, and desired days by checking the boxes below.**

Thursday Men's 14 Weeks  Advanced  Open

End of Season Tournament (Additional cost, please see details on reverse.)  Yes  No

**Please list your proposed roster with players' first and last names.**

- |         |          |
|---------|----------|
| 1 _____ | 8 _____  |
| 2 _____ | 9 _____  |
| 3 _____ | 10 _____ |
| 4 _____ | 11 _____ |
| 5 _____ | 12 _____ |
| 6 _____ | 13 _____ |
| 7 _____ | 14 _____ |

**This is not an official roster.** Official rosters must be posted on [www.teamsideline.com/salem](http://www.teamsideline.com/salem) by 10 p.m. on April 17, 2019. Players may not participate until they sign the official roster and provide photo identification.

Would you like your previous electronic roster on file copied over?  Yes  No  
 You will still need to make any edits and submit the roster by the deadline.

Is your team returning from last year (six or more played together)?  Yes  No



**New teams only, fill out this left column.**

How many players on your team have 0 to 1 year of playing experience? \_\_\_\_\_

How many players on your team have 4+ years of playing experience? \_\_\_\_\_

Describe your team's playing ability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Returning teams only, fill out this right column.**

Team Name Last Year \_\_\_\_\_

\_\_\_\_\_

What league did this team play in during the second half of spring league? \_\_\_\_\_

What was the team record for 2018?

Wins \_\_\_\_\_ Losses \_\_\_\_\_

If you have new players, what team(s) did they play on, if any? \_\_\_\_\_

If your team played in tournaments, please note your team record. \_\_\_\_\_

**ALL TEAM MANAGERS OR COACHES MUST READ AND SIGN BELOW:**

I understand that this is an outdoor sport and all dates on this form and in league schedules are tentative and subject to change due to weather and/or field conditions. As a team manager or coach I will make every attempt to maintain good sportsmanship between my players and spectators, on and off the playing field.

**Signature** \_\_\_\_\_

**ENTRY FORM AND ENTRY FEE DEADLINE**

**3 p.m. on Wednesday, April 3, 2019**

**START DATES**

**Estimated Start Dates (subject to change): May 2**

**SEND ENTRY FORM TO:**

Attention: Softball  
 City of Salem Public Works Department  
 555 Liberty Street SE, RM 325  
 Salem, OR 97301-3513  
**softball@cityofsalem.net**

**LEAGUE FEES**

**14 Weeks** (28 games/doubleheaders)  
**\$1,461** if paid in full at time of registration  
**\$1,661** if paid in installments to hold team's spot  
 (Installment fee is \$200. Minimum deposit is \$300.)

**League practices** are \$16 an hour.

**Tournament** is not included in league fees.

**End of Season Tournament** is \$100 if paid with league fee or \$150 after deadline.

**LATE PAYMENTS AND REFUNDS**

Late registrations or payments not made in full after the entry deadline will incur an additional late fee. **\$280** late fee for 14-week leagues.

There will be a **\$80** charge on all refunds. Refunds will not be granted after the entry deadline.

**ACCEPTED TYPES OF PAYMENT**

Visa, MasterCard, cash, or check (payable to City of Salem). Cash payments must be made in person. Credit cards must be used online or in person. To arrange for online payments, call 503-588-6261.



**LEAGUE DIRECTORS**

Billy Powers  
 Lindsey Huston  
 Office Phone 503-588-6261  
 Fax 503-588-6025  
**softball@cityofsalem.net**

**WEBSITE**

Registration forms and additional information are available at **www.softballcityusa.com**.

**FOR OFFICE USE ONLY**

<input type="checkbox"/> Cash _____	<input type="checkbox"/> Visa/MC _____	 	Cashier _____	Amount Paid _____
<input type="checkbox"/> Check # _____	_____	_____	Date _____	Folder Number _____
_____	_____	_____	Time _____	_____

