



(please circle division)

Men's Coed Women's



2017 Early Summer Softball League

Start Date: Monday, May 22nd, 2017

*Early Bird Deadline: 5:00 pm, Tuesday, May 9th

Early Bird Special - \$215.00

*Final Deadline: 5:00 pm, Tuesday, May 16th

Final Deadline Fee - \$230.00

Late Fee - \$25.00 (additional and all fees must be paid in cash or debit/credit card)

Space per night is on a first come first serve basis.

✓ **Teams will play 1-2 games a night for 6 weeks**

✓ **USSSA & PPRD Rules will be followed**

✓ **Must have USSSA thumbprint on bats**

➤ **2017 Season Team Name:** _____

➤ **2016 Season Team Name:** _____

➤ **2016 Night you played on:** _____

Which nights are available for league play?

Monday____ Tuesday____ Wednesday____ Friday____

Rank in order-# 1being your top preference.

Must have at least 6 teams for a league to start

Please note if your team is Recreational____ or Competitive____

Mandatory Managers/Coaches Meeting: 5:30 pm, Thursday, May 18th at Lincoln Center

Note: Before completed roster will be accepted all fees must be paid. Only team managers are to contact the PPRD office, if player's have questions please consult team manager first.

Manager	Captain
Name: _____	Name: _____
Address: _____	Address: _____
City & State: _____	City & State: _____
Birthdate: _____	Birthdate: _____
Phone (Cell)_____ (Work)_____	Phone (Cell)_____ (Work)_____
Cell Phone provider_____	Cell Phone provider_____
Email _____	Email _____

I hereby certify that all information is correct. I know that game schedules and rain out information will be sent to me via email/text message/phone call and I have provided a correct address.

Signed: _____
Signature of Manager

Signed: _____
Signature of Captain

Please complete the entire roster on the reverse side.

PLAYERS NAMES, FULL ADDRESSES, PHONE NUMBERS, AND BIRTHDATE **MUST** BE LISTED BELOW OR THEY WILL NOT BE ACCEPTED AS PART OF YOUR ROSTER.

(cell phone numbers and cell provider are required in order to get alerts for game cancellations or updates)

Name	Address	Cell # & provider	T-Shirt Size	D.O.B.