



ADULT SOFTBALL APPLICATION

TEAM STATUS

New Returning

SEASON

Spring-Summer Fall

TEAM NAME

MANAGER INFORMATION

LAST NAME FIRST NAME MI

HOME ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS (IF AT ABOVE LESS THAN 5 YEARS) CITY STATE ZIP

DAYTIME PHONE CELL/OTHER PHONE EMAIL

RETURNING TEAM: LEAGUE CHOICE

Our team wants to compete in the **same league** as last year.

League Name: _____

Our team wants to compete in a **different league** than last year.

First Choice: _____

Second Choice: _____

NEW TEAM: LEAGUE CHOICE

Our team wants to compete in the following **league**:

First Choice: _____

Second Choice: _____

Third Choice: _____

The Grove City Parks and Recreation Department tries to honor all requests pertaining to leagues and game times. If your team has a time conflict or any other information that we should know when creating the schedules, please indicate here. We cannot guarantee all requests will be honored.

APPLICANT SIGNATURE DATE