



ADULT SOFTBALL APPLICATION

TEAM STATUS	SEASON
<input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> Spring-Summer (due by March 31) <input type="checkbox"/> Fall (due by July 31)

TEAM NAME

MANAGER INFORMATION

LAST NAME	FIRST NAME	MI	STATE	ZIP
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: _____

SPECIAL REQUESTS

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