# Rolling Meadows Park District
## Adult Softball Leagues – Fall 2010
### Team Registration Form

**Phone: 847-818-3200 ext 223 Fax: 847-818-3207**
**dray@rmparks.org**

ROLLING *MEADOWS* *PARK* DISTRICT

**Team Name**_____ **Manager**_____

**Home Address**_____ **Town/Zip**_____

**Home Phone_(_____)_____** **Work Phone_(_____)_____**

**Cell_(_____)_____** **Fax_(_____)_____**

**Email**_____

| Circle The League That You Are Signing Up For. | Resident | Non-Resident |
|---|---|---|
| Men's 12 Inch Mon. / Rain Day Wed. Competitive (8 Games) Code = 11-3450-1-1-1 | $450.00 | $550.00 |
| Men's 12 Inch Sunday Morn/Afternoons Recreational(8 Games) Code = 11-3450-1-1-4 | $450.00 | $550.00 |
| Men's 12 inch Sunday Night Double Header League (8 Games) Code = 11-3450-1-1-5 | $450.00 | $550.00 |
| Women's 12 Inch Tuesday / Rain Day Thursday (8 Games) Code = 11-3450-1-1-2 | $450.00 | $550.00 |
| Co-Rec 14 Inch Friday Nights (8 Games) Code = 11-3450- 1-1-3 | $450.00 | $550.00 |

**Registration Begins June 1st 2010--$100.00 deposit due at time of sign-up.**

**Did your team play in the Rolling Meadows Softball Before? Yes No**

**If yes, Team Name & Season_____& Manager_____**

**I fully understand if my team is accepted into the Rolling Meadows Park District Softball League, I am responsible for the entire league fee. Upon acceptance into the league, a refund will not be issued for any reason unless the park district is able to fill my team's spot.**

**I also agree and understand that this form will not be authorized without a valid credit card number. If the remainder of the team fee is not in by August 3rd, 2010 the credit card will be charged the remainder of the league fee that is due.**

**Manager's Signature**_____ **Date**_____
**(Registration will not be processed if not signed)**

| Fee Paid | Check # | Date | Remaining Bal. | Visa//MasterCard | Exp.Date | Received By |
|---|---|---|---|---|---|---|
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