

REPUBLIC PARKS AND RECREATION
Spring/Summer Adult Softball 2003

Head Coach _____
 Team Name _____
 Assistant Coach _____

Address _____
 Hm Phone _____ Wk Phone _____
 Asst. Phone _____

| NAME | Address | PHONE |
|------|---------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |

Team Fee = \$280

League _____ **Division: A or B**

Coaches please check yes or no if you want your name & address given out to inquiring Sports clinics, sports leagues, etc... ___ yes ___ no