

Carmichael



ADULT SOFTBALL REGISTRATION - 2011

La Sierra Community Center
5325 ENGLE RD, SUITE 100, CARMICHAEL, CA 95608
Phone: 483-7826 Fax: 483-7861
www.carmichaelpark.com

Circle One

LEAGUE:	SPRING	SUMMER	FALL
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FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please print clearly when writing your address

All Games are played at Carmichael Park

Please check the league you wish to enter:

Tuesday Night: Co-Ed D _____

Friday Night: Co-Ed D _____

Please indicate if your team played in our leagues last year (yes), (no), if yes, on which night & league level did you play? _____

Team name that was used: _____

Levels of Competition:

1. "D" division teams are those teams that play in a less competitive level. These teams play in an occasional tournament at the "C" or "D" level.

Payment (Effective Spring 2011)

Coed Leagues: \$400

VISA: _____ MASTERCARD: _____ Check # _____ Cash _____

ACCOUNT NUMBER: _____ EXP. DATE: _____

Phone Registration:
Call us at 483-7826 and register over the phone when using a credit card!

Office Use Only

Office Receipt Number: _____