

Carmichael



ADULT SOFTBALL TEAM REGISTRATION

Carmichael Recreation and Park District
5325 Engle Rd, Suite 100 Carmichael, CA 95608
Phone: (916) 483-7826 Fax: (916) 483-7861
www.carmichaelpark.com

2024	Spring	Summer	Fall
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FIRST NAME: _____ LAST NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PRIMARY PHONE: _____ SECONDARY PHONE: _____
 TEAM NAME: _____ E-MAIL ADDRESS: _____

Yes, I want to receive the monthly email newsletter from Carmichael Recreation & Park District with information on upcoming community events, programs and classes.

You will be emailed the schedule when it's completed so please write your email address clearly.

All Games are played at Carmichael Park. Please check the league you wish to enter:

Friday Night: Coed D _____

Please indicate if your team played in our leagues last year (yes), (no). If yes, and your team is changing your name, please indicate previous team name used: _____

Level of Competition:

"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.

Scheduling Requests:

Please email Tyler at ttulowitzki@carmichaelpark.com all schedule requests. Tyler will reply to your email as confirmation he has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

Payment

Coed League: \$495 (Resident) \$520 (Non-Resident)
Residency determined by manager's address.

Visa: _____ Mastercard: _____ Check # _____ Cash _____

Account #: _____ Expiration Date: _____ CVV: _____

Registration Deadline: Please check our website at www.carmichaelpark.com for updated dates.

Register Online:



Recpro.carmichaelpark.com

Office Use Only Office Receipt Number: _____