

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

<b>2023</b>	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 Matthew at [mzimmerling@carmichaelpark.com](mailto:mzimmerling@carmichaelpark.com) all schedule requests. Matthew 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: \$480 (Resident) \$490 (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](http://www.carmichaelpark.com) for updated dates.

*Register Online:*



[Recpro.carmichaelpark.com](http://Recpro.carmichaelpark.com)

Office Use Only Office Receipt Number: \_\_\_\_\_