



Shreveport Public Assembly and Recreation
2019 Adult Coed/Open Softball
Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$205.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED
(Team Entry Deadline: July 5, 2019)
SEASON BEGINS JULY 29, 2019

TEAM NAME: _____ NEW TEAM (Circle One) YES NO

LEAGUE: (Circle One) MEN WOMEN CO-ED
(Circle One) CHURCH OPEN

CLASSIFICATION LEVEL REQUESTED: TOP 1/3 BOTTOM 1/3

COACH'S NAME: _____

HOME ADDRESS: _____ (Street) (Apt/Lot #)
_____ (City/State) (Zip Code)

CELL PHONE: _____ W/PHONE: _____ H/PHONE: _____

EMAIL: _____

COACH'S NAME: _____

HOME ADDRESS: _____ (Street) (Apt/Lot #)
_____ (City/State) (Zip Code)

CELL PHONE: _____ W/PHONE: _____ H/PHONE: _____

EMAIL: _____

Please list any dates/days/times and reason your team ABSOLUTELY cannot play. We will ATTEMPT to honor your request.

Four horizontal lines for listing dates/days/times and reasons for unavailability.

FOR SPAR USE ONLY

AMOUNT \$: _____ DATE: ___/___/___ RECEIPT #: _____ RECEIVED BY: _____