



Shreveport Public Assembly and Recreation

2020 Adult Spring Softball Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$265.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NO BE ACCEPTED

(Team Entry Deadline: April 17, 2020)

SEASON BEGINS 1st week of May

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

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

CLASSIFICATION LEVEL REQUESTED: B League C League D League

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.

FOR SPAR USE ONLY

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