



Shreveport Public Assembly and Recreation

2019 Adult Fall Softball

Team Entry Form



PLEASE PRINT OR TYPE ALL INFORMATION

\$180.00 ENTRY FEE & ROSTER MUST ACCOMPANY THIS FORM OR IT WILL NO BE ACCEPTED

(Team Entry Deadline: October 18, 2019)

SEASON BEGINS October 24, 2019

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

LEAGUE: (Check One) MEN WOMEN CO-ED

CLASSIFICATION LEVEL REQUESTED: TOP 1/3 MIDDLE 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.

FOR SPAR USE ONLY

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