



City of Palo Alto
TEAM REGISTRATION FORM
Adult Softball – Spring/Summer 2009



TEAM NAME: _____

MANAGER: _____

Home/Cell Phone: _____ Work Phone: _____

Fax #: _____ Email: _____

Mailing Address: _____

City: _____ Zip: _____

ASSISTANT MANAGER: _____

Home/Cell Phone: _____ Work Phone: _____

Fax #: _____ Email: _____

PLAYING PREFERENCE

COED

| Night/Level | *Preference |
|-------------------------------|-------------|
| Mondays, D at Greer | |
| Tuesdays, D at El Camino | |
| Tuesdays, D+ at Greer | |
| Wednesdays, D at El Camino | |

MENS

| Night/Level | *Preference |
|-------------------------------|-------------|
| Mondays, D At El Camino | |
| Wednesdays, D at Greer | |
| Thursdays, D+ At El Camino | |
| Thursdays, D+ at Greer | |

*Preferred night/level of play. Please number 1-4 (1=best, 4=worst)

TYPE OF TEAM

RESIDENT (\$680)

*Proof of residency required for each player.

CORPORATE RESIDENT (\$715)

*Proof of business location and list of business players required.

NON-RESIDENT (\$750)

PAYMENT INFORMATION

VISA MASTERCARD

Credit Card Number: _____ Expiration Date: _____

Name as it appears on card: _____ Authorized Signature: _____

CHECK Check #: _____ (Payable to *City of Palo Alto*)

CASH