



City of Palo Alto
TEAM REGISTRATION FORM
Adult Softball – Fall 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 El Camino	
Tuesdays, C at El Camino	
Wednesdays, D at Baylands	

MENS

Night/Level	*Preference
Wednesdays, D at El Camino	
Thursdays, C at El Camino	

*Preferred night/level of play. Please number 1-3 (1=best, 3=worst)

TYPE OF TEAM

RESIDENT (\$429)

*Proof of residency required for each player.

CORPORATE RESIDENT (\$454)

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

NON-RESIDENT (\$479)

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