

**SUMMERVILLE MEN'S CHURCH SOFTBALL LEAGUE
TEAM REGISTRATION FORM
2010**

TEAM NAME _____ COACH _____

CONTACT NAME _____

EMAIL ADDRESS _____

HOME # _____ WORK # _____ CELL # _____

SECONDARY CONTACT NAME _____

EMAIL ADDRESS _____

HOME # _____ WORK # _____ CELL # _____

CANNOT PLAY DATES (MUST BE CHURCH RELATED)	
DATES	REASON(S)
APRIL: _____	_____
MAY: _____	_____
JUNE: _____	_____
JULY: _____	_____

DO NOT WRITE IN THIS BLOCK: TO BE FILLED IN BY COMMISSIONER	
<input type="checkbox"/> PAID	<input type="checkbox"/> CASH _____
	<input type="checkbox"/> CHECK _____ (#) _____
	<input type="checkbox"/> CHECK _____ (#) _____
ROSTER: <input type="checkbox"/> TURNED IN <input type="checkbox"/> PASTOR / MINISTER SIGNED / DATED	
CANNOT PLAY DATES: <input type="checkbox"/> ABOVE <input type="checkbox"/> NO DATES SUBMITTED	
RECEIVED BY _____	DATE _____
SPECIAL NOTES: _____	

