

SUMMERVILLE MEN'S CHURCH SOFTBALL LEAGUE TEAM REGISTRATION FORM

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

PAID
 CASH _____
 CHECK _____ (#) _____

 CHECK _____ (#) _____

ROSTER: TURNED IN PASTOR / MINISTER SIGNED / DATED

CANNOT PLAY DATES: ABOVE NO DATES SUBMITTED

RECEIVED BY _____ DATE _____

SPECIAL NOTES: _____
