

Carmichael



RECREATION AND
PARK DISTRICT

ADULT SOFTBALL TEAM REGISTRATION

Carmichael Recreation and Park District Office

5750 Grant Avenue Carmichael, CA 95608

Phone: 485-5322 ext. 29 Fax: 485-0805

www.carmichaelpark.com

Year: _____	Season: (circle one)	Spring	Summer	Fall
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FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

TEAM NAME: _____ E-MAIL ADDRESS: _____

You will be emailed the schedule when it's completed so please write your email address clearly.

All Games are played at Carmichael Park. Please check the league you wish to enter:

Friday Night: Coed D _____

Please indicate if your team played in our leagues last year (yes), (no). If yes, and your team is

changing your name, please indicate previous team name used: _____

Level of Competition:

"D" division teams are those teams that play in a less competitive level.

These teams play in an occasional tournament at the "C" or "D" level.

Scheduling Requests:

Please email Alaina@carmichaepark.com all schedule requests. Alaina will reply to your email as confirmation she has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

Payment

Coed League: \$415 (Resident) \$425 (Non-Resident)

Residency determined by manager's address.

Visa: _____ Mastercard: _____ Check # _____ Cash _____

Account #: _____ Expiration Date: _____ CVV: _____

Phone Registration:
Pay with a credit card over the phone by calling us at 485-5322 and speak to Sharon at ext. 29.

Registration Deadline: Please check our website at www.carmichaelpark.com for updated dates.

Office Use Only

Office Receipt Number: _____