

Carmichael



# 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

<b>Year:</b> <u>2018</u>	<b>Season:</b> (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 [Dmalanga@carmichaepark.com](mailto:Dmalanga@carmichaepark.com) all schedule requests. Dustin will reply to your email as confirmation he has received your schedule request. Schedule requests are not guaranteed. No schedule requests for playoffs.

**Payment**

Coed League: \$425 (Resident) \$435 (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](http://www.carmichaelpark.com) for updated dates.

Office Use Only

Office Receipt Number: \_\_\_\_\_