

CITY OF SAN JOSE

ADULT SOFTBALL LEAGUE

SPRING 2009



*Parks, Recreation and
Neighborhood Services*

Citywide Sports

Moreland-West
1850 Fallbrook Avenue
San José, CA 95130
[408-871-3821](tel:408-871-3821)

League Begins: April 6, 2009

Registration Fee: (based on 10 games) \$700.00

Registration Includes:

- 10 Game Season
- Umpires
- Championship and Runner-up T-Shirts
- Top 4 Teams Make Playoffs
- Lighted Fields



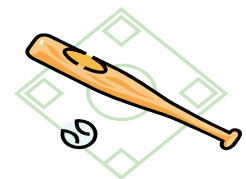
REGISTRATION

Registration Dates:

- Returning Team (SPRING/SUMMER/FALL 2008)
March 2nd - 6th, 2009
- New Team: March 9th -13th, 2009
- Late Registration*: March 16th - 20th, 2009

*Late Fee: Additional \$10.00 if space is available

All checks made payable to: City of San Jose



HOW TO REGISTER

MAIL-IN

Complete registration
form and mail to:
City-Wide Sports
1850 Fallbrook Ave.
San Jose, CA 95130

WALK-IN

Register at the City-
Wide Sports Office
Walk in registration
from 10am to 4pm.

FAX-IN

Complete registration
form and fax to:
(408) 871-8165
Please call to confirm
receipt

EMAIL

Complete registration form
and email to:
Joe.albayalde@sanjoseca.gov
Please call to confirm receipt

SPRING 2009 SOFTBALL LEAGUE

REGISTRATION FORM

RETURNING TEAM (SPRING/SUMMER/FALL 2008) _____ NEW TEAM _____

1 TEAM NAME _____ HOME # _____

2 MANAGER _____ WORK # _____ FAX # _____

3 ADDRESS _____

Number & Street

City

Zip Code

4 EMAIL ADDRESS _____

TUE WOMENS A ___ WOMENS B ___
MENS A ___ MENS B ___

WED COED A ___ COED B ___

THUR COED A ___ COED B ___
MENS A ___ MENS B ___

FRI COED A ___ COED B ___

Recreational A is the **higher** competitive recreational level of play.

Recreational B is the **lower** competitive recreational level of play.

*League office is not responsible for accommodating teams into a different division, as a result of a league cancellation.

As MANAGER of the above named team, I hereby acknowledge and assume responsibility for the payment of all fees. Failing to do so can result in not being accepted into the league.

SIGN BELOW (This form is not complete without a signature and will not be processed)

X _____

Credit Card users: Card Member signature _____ Total \$ _____

X one: **Visa** ___ **MC** ___ **DV** ___

Exp. Date: Month ___ 20 ___ Card # _____

FOR OFFICE USE ONLY

/ / 09 \$.00 \$.00 \$.00 _____ _____
DATE LEAGUE FEE NON-RES FEE \$ RECEIVED RECEIPT # INITIALS