



MONTGOMERY COUNTY PARKS & RECREATION
SOFTBALL LEAGUE APPLICATION FORM
(937) 496-7134

Manager's Name: _____ (H) Phone: _____ (W) Phone: _____

Address: _____ City: _____ Zip: _____

Sponsor: _____ Contact Person: _____

Phone: _____ Address: _____ Zip: _____

TEAM BACKGROUND CHECK

Year _____

Previous Team Name: _____

Previous Team Record: Won: _____ Lost: _____

Previous Playing Site and Season/Year: _____

Other Comments: _____

REQUEST FOR _____ Please Circle Summer Fall
Year

Park: (Please Circle) AVA Current Team Name: _____

Level of Competition: Men C Men D Men E Women Competitive Co-Ed Competitive Co-Ed Just for Fun

League Requested: _____ Night: _____ Time: _____

Manager's Signature: _____ Date: _____

FOR OFFICE USE ONLY
PAYMENT

Total League Fee: \$ _____ From League Sheet

Amount Enclosed: \$ _____ Receipt #: _____ Date: _____

Amount Enclosed: \$ _____ Receipt #: _____ Date: _____

Team Accepted: Yes No

Comments: _____

Authorized Signature: _____ Date: _____

Please Note: No refunds granted unless league is cancelled.

cc: white - office

yellow - association

pink - applicant