



**TEAM REGISTRATION
CO-ED FALL SOFTBALL**

TEAM NAME: _____

TEAM CAPTAIN: _____

DOB: __/__/__

EMAIL: _____

PHONE: _____ ADDRESS: _____

2ND CONTACT NAME/PHONE #: _____

EMAIL: _____

\$350 PAYMENT DUE BY REGISTRATION DEADLINE.

SHIRTS ARE INCLUDED IN FEE FOR 12 PLAYERS.

\$50 PER ADDITIONAL PLAYER

(IF TEAM HAS JERSEYS - THERE IS NO LIMIT ON # OF PLAYERS)

ALL PLAYERS ROSTERED MUST HAVE THE SAME YEAR/SEASON JERSEYS.

SHIRT SIZES

S _____

M _____

L _____

XL _____

2XL _____ (ADD \$3/SHIRT)

3XL _____ (ADD \$3/SHIRT)

PREFERRED SHIRT COLOR

1.

2.

3.

TOTAL SHIRTS: _____

MAIL FORM AND DEPOSIT OR BRING TO

TOWN OF MONCKS CORNER

118 CAROLINA AVE MONCKS CORNER, SC 29461

EMAIL CONTACT BRIAN.BURBAGE@MONCKSCORNERSC.GOV

Paid Cash Check # _____ Credit Card **OFFICE USE ONLY**

Receipt # _____ Amount Received

\$ _____

Roster Turned In Date _____

Received By: _____ Date: _____