



Alameda Recreation and Park Department  
 2226 Santa Clara Avenue, Alameda, CA 94501 - (510) 747-7529 / Fax: (510) 523-4071

# **ADULT SOFTBALL TEAM APPLICATION - COED**

Please check our website for more Adult Softball information:

<http://alamedaca.gov/recreation/softball>

**(PLEASE PRINT CLEARLY)**

**ATTENTION ALL MANAGERS:**

We need your current e-mail address in order to send all league information plus updated rules, latest bat list, etc. WE WILL NO LONGER HAVE A MANAGER'S MEETING SO ALL CORRESPONDENCE WILL NOW TAKE PLACE IN E-MAIL FORMAT.

**MANAGER'S CURRENT E-MAIL ADDRESS:** \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_

MANAGER'S MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

MANAGER'S DAY PHONE ( ) \_\_\_\_\_ MANAGER'S EVENING PHONE ( ) \_\_\_\_\_

SPONSOR'S NAME OR TEAM NAME \_\_\_\_\_

1. Was your team entered in last year's league play?..... Yes\_\_\_\_\_ No\_\_\_\_\_
2. What was the name of your team last year? \_\_\_\_\_
3. Is your team name or sponsor different from last year? ..... Yes\_\_\_\_\_ No\_\_\_\_\_
 

If different, please state new name \_\_\_\_\_
4. Is your team sponsored by an Alameda business firm? ..... Yes\_\_\_\_\_ No\_\_\_\_\_
5. Does your team consist of 50% who are Alameda residents?..... Yes\_\_\_\_\_ No\_\_\_\_\_
6. If your team **IS NOT** sponsored by an Alameda business firm, does  
 your team consist of at least 75% players who are Alameda residents? ..... Yes\_\_\_\_\_ No\_\_\_\_\_

<p><b>CLASSIFICATION (check one)</b></p> <p>C _____</p> <p>D _____</p>	<p><b>NIGHT PREFERENCE</b></p> <p><b>RANK IN ORDER OF PREFERENCE</b></p> <p>(1 - First Choice; 5 - Last Choice)</p> <p>Monday _____</p> <p>Tuesday _____</p> <p>Wednesday _____</p> <p>Thursday _____</p> <p>Friday _____</p>
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\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

DEPOSIT.....Amount: \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_  
 DISCOVER/MC/VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_

ENTRY FEE BALANCE.....Amount: \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_  
 DISCOVER/MC/VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_

TOTAL TEAM MONIES.....Amount: \$ \_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_  
 DISCOVER/MC/VISA \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Cardholder's Name \_\_\_\_\_

**LEAGUE** \_\_\_\_\_ **NIGHT(S)** \_\_\_\_\_ **FIELD** \_\_\_\_\_