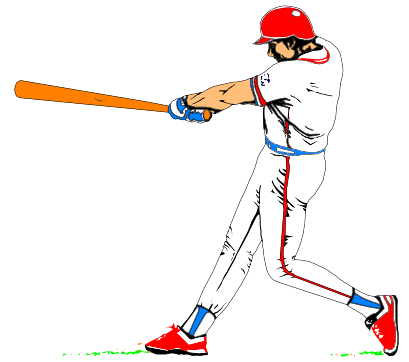


Redding Park and Recreation
PO Box 1071
Redding, CT 06875
(203) 938-2551
Fax 938 -1071



Adult Softball Team Registration Form 2012

Team Name _____

Company Name or previous name (if applicable) _____

Contact Person Printed Name _____ Phone _____

Work Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Email Address _____

Additional Contact Person Name _____ Phone _____

Work Phone _____ Cell Phone _____

Address _____ Town _____ Zip _____

Email Address _____

- I promise that the roster/waivers that I submit will be honest and accurate.
- I will only allow players who have a submitted roster/ waiver to play on my team.
- **A \$100 non-refundable team registration deposit is required by February 28. Balance due by March 20.**
- **Late payment fee of \$25 required after each of the deadlines.**
- Existing teams authorize use of last years forfeit deposit to be used as their non-refundable deposit.

Signature _____ DATE _____

League Fees: \$400-550* (+\$80 forfeit deposit for new teams) Amount enclosed \$ _____

Make check payable to: Town of Redding

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa

Credit Card Number _____ Expiration Date _____

SIGNATURE _____

*League base fee is \$400 for all residents + \$25 per non-resident up to a team fee maximum of \$550