## **Cape Coral 50+ Senior Softball League. Inc.**

## **Play on Tuesday and Thursday Evenings**

## A P PLI C A T I O N (PLEASE PRINT CLEARLY)

| NAME  |  | Are you willing to Manage:   |
|---|--|--|
| ADDRESS   |  |  |
|   |  | LLEMERGENCE  |
| EMAIL ADDRESS   |  | SHIRT SIZE   |
| DATE OF BIRTH   | AGE  | PREFERRED POSITION(S)  |
| DATES YOU MAY BE ABSENT   |  |  |
| required to attend at least<br>weekly Saturday league p                                   | one evaluation on one contraction of the contractio | ics and written rules. All new players are ation practice. Evaluations will occur during our the city sports facilities. New players who do ay not be allowed to participate in the player |
|   | •  | season costs \$80; payment can be made in cash th payment, may be submitted to any board   |
| CAPE CORAL 50+ SEN<br>P.O. BOX 150033<br>Cape Coral, FL 33915-00<br>Checks must be made p | 033  | TBALL LEAGUE, INC.  Cape Coral 50+ Senior Softball.  |
| listed in this application.   | Additional   | e conditions and fully understand all the terms lly, I acknowledge that I have read and ae's Players Code of Ethics and will adhere to it.   |
| SIGNED  |  | DATE   |

For further information, call: Tony Volpe – at 315-246-5056