ADULT LEAGUE REGISTRATION FORM

JaxParks/Florida First Coast Softball

6621 Barnes Road S Jacksonville, FL 32216

NOTE: Please print legibly to insure the manager and team names are spelled correctly.

Registrant Name: *if different from Manager info*						Phone:		
ii dinerent nom wanager iino						Email Address:		
	No team will	be registere	d witho	ut a comp	leted and signed	gned roster with at least 10 persons on the roster.		
PLEASE PRINT FORM								
No more than 15 letters and spaces for the team name								
Team Name:								
Team Manager Name:								
ream manayer mame.								
Home Address:								
City: State:							Zip Code:	
Cell Phone: Permiss				Permi	ssion to Text?	Back-Up Number:		
Yes						Zuon op man		
Manager Email:								
Back-Up Email Address:								
Dack-op Liliaii Addiess.								
Site Preference								
There is absolutely no guarantee for complex, field or playing time preference.								
CATEGORY OF PLAY								
Select Pref	Days Played	League-	Div		nough teams			
Below:	Dayo : layou	Divisions			there will be a			
	Sun	Coed		Upper	lowerd	11/15/011.		
	Tues	Men's		Lower Upper	_			
	Tues	Men's	\vdash	Lower				
				Upper				
				Lower				
				Upper				
Thurs Men's				Lower				
Lower				Upper Lower				
All Men's an	d Wed Coed lea	gues are \$17	70 per te					
Florida's First Coast Softball: \$								

* ABSOLUTELY * NO REGISTRATIONS WILL BE ACCEPTED BY MAIL*

Winter Registration Dates: November 3rd- November 12th

All team registration will take place at Drew Park Press Box, 6621 Barnes Road S or online at www.ffcsoftball.com Valid email address required. All correspondence from FFC Softball is by email.