

ELKO ADULT SOFTBALL REGISTRATION FORM



Date: Men's League: April 27 – July 2026
 Women's: April 27 – July 2026
 Coed: July 13 – September 2026

Team/Sponsor Fee: Men's Team/Sponsorship Fee: \$575
 Women's/Coed Team/Sponsorship Fee: \$425

Player Fee: Member \$50 Non-Member \$65 (player fee for every player)

Team Registration: Register team in person at the NGM Recreation Center.

Player Registration: Register on-line at bgcelko.org

Deadline: Men's & Women's League Registration deadline is April 7, 2026.
 Coed League Registration deadline is July 1, 2026.
 All players must also be registered before playing.

Coach Meeting: April 13, 2026, at 5:30 PM at the NGM Recreation Center.

Locations: 2026 Games will be held at Leonard Herrera Sports Complex.

Contact: Boys & Girls Club: (775) 738-2759

Team Name: _____ Men League Women League COED

Requested Division: Division I Division II Division III

Coach Name: _____

Coach Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ E-mail: _____

Roster – Minimum of Ten Players	Phone	Division Played in 2025
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

Coach Signature

Date

April/May

Monday	Tuesday	Wednesday	Thursday	Friday
27 Yes <input type="checkbox"/> No <input type="checkbox"/>	28 Yes <input type="checkbox"/> No <input type="checkbox"/>	29 Yes <input type="checkbox"/> No <input type="checkbox"/>	30 Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Yes <input type="checkbox"/> No <input type="checkbox"/>	5 Yes <input type="checkbox"/> No <input type="checkbox"/>	6 Yes <input type="checkbox"/> No <input type="checkbox"/>	7 Yes <input type="checkbox"/> No <input type="checkbox"/>	8 Yes <input type="checkbox"/> No <input type="checkbox"/>
11 Yes <input type="checkbox"/> No <input type="checkbox"/>	12 Yes <input type="checkbox"/> No <input type="checkbox"/>	13 Yes <input type="checkbox"/> No <input type="checkbox"/>	14 Yes <input type="checkbox"/> No <input type="checkbox"/>	15 Yes <input type="checkbox"/> No <input type="checkbox"/>
18 Yes <input type="checkbox"/> No <input type="checkbox"/>	19 Yes <input type="checkbox"/> No <input type="checkbox"/>	20 Yes <input type="checkbox"/> No <input type="checkbox"/>	21 Yes <input type="checkbox"/> No <input type="checkbox"/>	22 Yes <input type="checkbox"/> No <input type="checkbox"/>
25 Yes <input type="checkbox"/> No <input type="checkbox"/>	26 Yes <input type="checkbox"/> No <input type="checkbox"/>	27 Yes <input type="checkbox"/> No <input type="checkbox"/>	28 Yes <input type="checkbox"/> No <input type="checkbox"/>	29 Yes <input type="checkbox"/> No <input type="checkbox"/>

June/July

Monday	Tuesday	Wednesday	Thursday	Friday
1 Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Yes <input type="checkbox"/> No <input type="checkbox"/>	3 Yes <input type="checkbox"/> No <input type="checkbox"/>	4 Yes <input type="checkbox"/> No <input type="checkbox"/>	5 Yes <input type="checkbox"/> No <input type="checkbox"/>
8 Yes <input type="checkbox"/> No <input type="checkbox"/>	9 Yes <input type="checkbox"/> No <input type="checkbox"/>	10 Yes <input type="checkbox"/> No <input type="checkbox"/>	11 Yes <input type="checkbox"/> No <input type="checkbox"/>	12 Yes <input type="checkbox"/> No <input type="checkbox"/>
15 Yes <input type="checkbox"/> No <input type="checkbox"/>	16 Yes <input type="checkbox"/> No <input type="checkbox"/>	17 Yes <input type="checkbox"/> No <input type="checkbox"/>	18 Yes <input type="checkbox"/> No <input type="checkbox"/>	19 Yes <input type="checkbox"/> No <input type="checkbox"/>
22 Yes <input type="checkbox"/> No <input type="checkbox"/>	23 Yes <input type="checkbox"/> No <input type="checkbox"/>	24 Yes <input type="checkbox"/> No <input type="checkbox"/>	25 Yes <input type="checkbox"/> No <input type="checkbox"/>	26 Yes <input type="checkbox"/> No <input type="checkbox"/>
29 Yes <input type="checkbox"/> No <input type="checkbox"/>	30 Yes <input type="checkbox"/> No <input type="checkbox"/>	1 Yes <input type="checkbox"/> No <input type="checkbox"/>	2 Yes <input type="checkbox"/> No <input type="checkbox"/>	3 Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Yes <input type="checkbox"/> No <input type="checkbox"/>	7 Yes <input type="checkbox"/> No <input type="checkbox"/>	8 Yes <input type="checkbox"/> No <input type="checkbox"/>	9 Yes <input type="checkbox"/> No <input type="checkbox"/>	10 Yes <input type="checkbox"/> No <input type="checkbox"/>
13 Yes <input type="checkbox"/> No <input type="checkbox"/>	14 Yes <input type="checkbox"/> No <input type="checkbox"/>	15 Yes <input type="checkbox"/> No <input type="checkbox"/>	16 Yes <input type="checkbox"/> No <input type="checkbox"/>	17 Yes <input type="checkbox"/> No <input type="checkbox"/>

