

ELKO ADULT COED SOFTBALL REGISTRATION FORM

Date: Coed: July 13 – September 2026

Team/Sponsor Fee: Coed Team Sponsorship Fee: \$425

Player Fee: Player Fees: \$50 player fee for every player

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

Player Registration: Register on-line at Register.bgcelko.org

Deadline: Coed League Registration deadline is July 6, 2026.
All players must also be registered before playing.

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

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



Team Name: _____ Team Sponsor: _____

Requested Division: COED Division I Division II

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.		

July/August

Monday	Tuesday	Wednesday	Thursday	Friday
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"/>
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"/>	23 Yes <input type="checkbox"/> No <input type="checkbox"/>	24 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"/>	30 Yes <input type="checkbox"/> No <input type="checkbox"/>	31 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"/>	6 Yes <input type="checkbox"/> No <input type="checkbox"/>	7 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"/>	13 Yes <input type="checkbox"/> No <input type="checkbox"/>	14 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"/>	20 Yes <input type="checkbox"/> No <input type="checkbox"/>	21 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"/>	27 Yes <input type="checkbox"/> No <input type="checkbox"/>	28 Yes <input type="checkbox"/> No <input type="checkbox"/>

September

Monday	Tuesday	Wednesday	Thursday	Friday
31 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"/>	4 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"/>	11 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"/>	18 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"/>	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"/>

