TREASURE COAST SENIOR SOFTBALL **ASSOCIATION** 2021 Application Form (FOR PLAYERS 60 and over) website: https://treasurecoastseniorsoftball.com/

PLEASE PRINT - APPLICATION IS NOT VALID IF NOT SIGNED

Name: (Last)	(First)
Email Address:	
Florida Address: Street:	
City:	
Date of Dinte (Mande) Voor)	
Date of Birth (Month/ Year):// Florida residence or Mobile Phone: ()	
	Can you receive a text message? Yes 7 No
In case of emergency please contact:	
Name:	
Relationship to you:	
Telephone number: ()	
If applicable Off season Address: (Street)	
(City, State, Zip)	
Phone (other) (Can you receive text messages? Yes / No
The league runs from the first Thursday in January through the No) If so, when	e last week in March. Will you miss any games? (Yes/
Shirt Size:Small,Medium,Large, X-Larg	ge, XX-Large, XXX-Large
What position can you play? Pitcher, Infield, _	Outfield Catcher
How can you help the league beyond playing? Manager (Yes	s/No)
(Mangers must live locally year-round and be present for t	the draft)
Help in other areas	
Return your completed application form with your <u>\$75.00</u> regis Treasure Coast Senior Softball Association and send them	stration fee. Make checks payable to:
Joe Faggione, Treasurer TCSSA 2161 SE Bisbee Street, Port St. I Phone: 650) 922-9320 email: <u>dav</u>	Lucie. FL 34952
Your signature on this application signifies that you have read, Signing this application relieves Jensen Beach Recreation and submission of this signed application and registration fee does season.	, understand, and agree with the following provisions: 1.d the TCSSA of all liabilities that may occur. 2. Your s not guarantee that you will play during the league
THE REGISTRATION DEADLINE IS OCTOBER 15TH!	
In the event that you are not drafted, your registration fee will b	be full refunded.
Signature	Date
ONCE PAID-NO REFUNDS	except as noted above.