**Fall Ball 2019 Team Registration Form**

**Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1ST OR 2ND YEAR TEAM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DIVISION 8U TEAM 10U TEAM 12U TEAM 14U TEAM 18U TEAM**

**Manager or league representative / contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print clearly)**

**League \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refunds (for rained out games) should be made payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address to send refund checks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check off the dates you would like to play (2 games each Sunday)

|  |  |  |  |
| --- | --- | --- | --- |
| All Four Sundays | Only the following Sundays | |  |
| Sunday 9/8/19 | Sunday 9/15/19 | Sunday 9/22/19 | Sunday 9/29/19 |

**Send registration form and check ($84 for each Sunday or $336 for all 4 Sundays (8 games) to: Hudson Mohawk Attn:Jackie O’Brien, PO Box 1924, Latham, NY 12110**

MAKE THE CHECK PAYABLE TO: **Hudson Mohawk Softball League**

**SCAN AND EMAIL A COPY OF THE FORM ALSO TO Dave\_Copeland@usasoftballofny.com**

Please check box next to preferred level of competition (No guarantees)

RED (most competitive):\_\_\_\_ BLUE (moderately competitive):\_\_\_\_ WHITE (least competitive/recreational):\_\_\_\_

I have \_\_\_\_\_ fields and would like to host \_\_\_\_\_\_\_\_ age group.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I understand the rules for Fall Ball 2019. I will let the Fall Ball Coordinator know as soon as possible if a team

cannot be fielded for any scheduled game**.**

Signature of manager or league representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

(Please refer to Fall Ball 2019 Information for additional information on completing this form)