



P.O. Box 402 • Milford, Ohio 45150

(Office use) Team ID: _____

LEAGUE REGISTRATION FORM

PLEASE PRINT CLEARLY

Team Name _____ Last Season Team Name _____

Team Sponsor _____

Sponsor Address _____ City _____ State _____ Zip Code _____

Manager Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address (Mandatory) _____

Asst Manager Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address (Mandatory) _____

| | | | |
|--|--|---|--|
| Last League Played: _____ | | Won/Lost Record: Won _____ Lost _____ | |
| (Please include Park/Facility, League Name, & Night - Ex: CRC, Mens Comp, Tuesday) | | | |
| TYPE OF TEAM: [] Men [] Mixed [] Women | | USSSA CLASS: [] B [] C [] D [] E | |
| | | SEASON(S): [] 1st [] 2nd [] 3rd | |
| LEAGUE PREFERENCE: 1st Choice: Day _____ League _____ | | | |
| 2nd Choice: Day _____ League _____ | | | |
| Team plays in more than one league: [] League Name(s) _____ | | Night if different _____ | |

MANAGER ASSUMES ALL FINANCIAL RESPONSIBILITY FOR LEAGUE FEES

Make checks payable to: EXPRESSWAY PARK, P.O. BOX 402, MILFORD, OHIO 45150.

League positions are not guaranteed unless a league registration is accompanied by a minimum deposit of \$200 and all deadlines are met. **Fees are non-refundable. \$30.00 & UP CHARGE ON ALL RETURNED CHECKS** (Check Redi Charges on returned cks).

MANAGER'S SIGNATURE

(FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE)

| | | | | | |
|------------|---------------|-----------|-----|-------|-----|
| DATE REC'D | CC/PER/CO CK# | RECEIPT # | AMT | DEP # | BAL |
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| DATE REC'D | CC/PER/CO CK# | RECEIPT # | AMT | DEP # | BAL |

DISCOUNTS: DEC _____ COMBO RATE: JAN _____ FEB _____ OTHER _____ REASON _____

Eligible for Free Mid Summer [] Eligible for \$75 Mid Summer [] Eligible for Free Mini RR [] Initials _____