

**2020 ADULT SOFTBALL TEAM ENTRY CARD (Please fill out the back side.)**

<b>DO NOT FILL IN</b>	
<b>LEAGUE:</b> _____	<b>RECEIPT #:</b> _____
<b>MAIL</b> _____	<b>CHECK #:</b> _____
<b>REFUND</b> _____	<b>ACCOUNT NAME:</b> _____
<b>CHECK TO:</b> _____	<b>FINANCIAL INST.</b> _____
	<b>OR BANK NAME:</b> _____

**Team Name:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_

**Sponsor's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Coach/Manager:** \_\_\_\_\_ **(E-Mail):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Name of Second Team Contact:** \_\_\_\_\_ **(E-Mail):** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(B)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

On behalf of my team, I hereby agree to abide by all rules and regulations set forth by the City of Cleveland Division of Recreation, and all local and national affiliates.

**Coach/Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE CIRCLE THE LEAGUE YOU WISH TO ENTER:**

<u>DAYS / LEAGUE</u>	<u>LOCATION</u>	<u>Team Rating 1-4 *</u>
WEDNESDAY MENS Doubleheaders	BROOKSIDE	[ ]
FRIDAY CO-ED	BROOKSIDE	[ ]
SUNDAY MEN'S DOUBLEHEADERS	BROOKSIDE	[ ]

**NO MEDICAL COVERAGE IS AVAILABLE FOR THE ADULT SOFTBALL PROGRAMS!**

**\*Team Rating Guide**

**4—GOOD:** our team expects to be in the playoffs.

**3—COMPETITIVE:** our team should win more games than we lose.

**2—AVERAGE:** our team should finish the season with a winning percentage slightly below .500.

**1—RECREATIONAL:** our team plays for enjoyment, fun, and leisure.