

The City of Belen Parks and Recreation Department

Adult Co-Ed Softball Registration



\$315.00 team registration

*****8 GAME SEASON***DOUBLE ELIMINATION*****

SPRING 2010

Game Days: Fridays

Game Times: 7:00pm, 8:00pm & 9:00pm

**REGISTER AT THE BELEN COMMUNITY CENTER
TELEPHONE: 966-2700**



The City of Belen Parks and Recreation Department



Co-Ed Softball

Team Information

Team Name: _____

Team Manager: _____ Home/Cell Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Assistant Name: _____ Home/Cell Phone: _____

Player Information

- | | |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

Signature of Head Coach

Date

Return roster to:
Belen Community Center • 305 Eagle Lane • (505)966-2700

8 Game Season plus Double Elimination Tournament

To add or drop a player you must contact the Sports Coordinator 24 hours in advance for change to be accepted.

Office Use Only

Registration Fee: \$315.00 Cash _____ Check # _____ Receipt # _____ Employee _____