VICTORY LANE SPORTS PARK — ASA Sanctioned

ADULT LEAGUE SOFTBALL

TEAM & MANAGER INFORMATION: *(please print legibly)*

Team Name _____ Manager's Name _____

Address _____ City _____ State **AZ** Zip _____

Home Phone: _____ Cell Phone: _____

Email: _____

Assistant Manager's Name _____ Cell Phone: _____

LEAGUE INFORMATION

Season *(circle one)*: **1 2 3 4 5 6 ---------→ Single Header or Double Header** *(circle)*

League Night: ○ Sunday ○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday

Division: ○ Men's C ○ Men's D1 ○ Men's D2 ○ Women's Rec ○ Women's Int

○ Coed Inter (highest league) ○ Co-Rec 1 ○ Co-Rec 2 ○ Co-Rec 3 (lowest league)

▷ If your team takes 1st or 2nd place in your league, would you prefer to receive **TROPHY** or **GIFT CERTICIFATE** (circle)

▷ Because league openings are limited, teams may not be placed in the division they choose. Victory Lane will make every effort to place teams in divisions appropriate to their skill level.

TEAM ROSTER

List all team members, including manager. Listed information will only be provided to the team manager.

	Name	Waiver Signed		Name	Waiver Signed
1.			11.		
2.			12.		
3.			13.		
4.			14.		
5.			15.		
6.			16.		
7.			17.		
8.			18.		
9.			19.		
10.			20.		

Manager's Signature: _____ **Date:** _____

Notes/Special Requests for the season:

_____