

**South Central Girls Softball League
TEAM REGISTRATION**

Age Division (circle one)
U12 U14 U16 U18

Coach

Name _____

Address _____

City/ State _____

Zip Code _____

Home phone (_____) _____

Work phone (_____) _____

Email address _____

Assistant Coach

Name _____

Address _____

City/ State _____

Zip Code _____

Home phone (_____) _____

Work phone (_____) _____

Email address _____

Community Coordinator

Name _____

Address _____

City/ State _____

Zip Code _____

Home phone (_____) _____

Work phone (_____) _____

Email address _____

For League use only

Fee paid by cash or check (circle one) _____ (initials)

Picked up Game balls _____ (initials)

Picked up ASA packet _____ (initials)