

Summer Softball



Team Name (as you want it to appear on the schedule – ONLY 20 spaces)	Team Status																				
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:5%;"></td><td style="width:5%;"></td> </tr> </table>																					<input type="checkbox"/> Returning <input type="checkbox"/> New

Email Address(must submit): _____ Manager's Name: _____ Phone for Schedule: _____ Mailing Address: _____ _____	Last Year's Team Name (Returning Teams Only)
	<div style="border: 1px solid black; padding: 2px; text-align: center;">My Team Should Be Sanctioned USSSA</div> <input type="checkbox"/> Men's: C D Comp D Rec E <input type="checkbox"/> Women's: C D <input type="checkbox"/> Mixed: D Comp D Rec

SELECT A LEAGUE: Please write the night of play and level of play for up to 3 choices listed below

First Choice	Second Choice	Third Choice

Men Sunday	Men Monday	Men Tuesday	Men Wednesday	Men Thursday
1. D Group 1 \$795	1. D Comp 1 \$795	1. D Comp \$795	1. D Rec \$745	1. D Comp Grp 1 \$795
2. D Group 2 \$795	2. D Comp 2 \$795			2. D Comp Grp 2 \$795
3. D Group 3 \$795	3. D Comp 3 \$795	2. D Rec \$745		3. D Comp Grp 3 \$795
				4. D Rec Grp 1 \$745
	4. Over 35 Rec \$705			5. D Rec Grp 2 \$745

Women Wednesday		
1. C/D Comp 1 \$795	2. D Comp \$795	3. D Rec \$495

Mixed Sunday and Friday			
1. Sunday Grp 1 \$800	2. Sunday Grp 2 \$800	1. Friday DH Grp 1 or 2 \$800	2. Friday Rec Group 1,2 or 3 \$615

League Fee \$.	Manager Signature _____	Make Checks Payable to: City of Burnsville	Submit Payment & Form to: City of Burnsville C/O Adult Softball Reg. 100 Civic Center Parkway Burnsville, MN 55337
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Office- Date Received ____ / ____ / ____	Office - Payment Amount \$. Check Cash	Credit Card Payment credit card registration can be completed by emailing this form and then calling 952.895.4500 or simply calling and providing all this information over the phone.
Office- Time Received : a.m. p.m.	Office-Received By (Initials) _____	