

**Mountain Home Parks and Recreation
Programs and Special Events**

Adult Softball Registration/Roster Form



Team Name _____

Captain Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Assistant Captain Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address _____

Season desired to participate: *(Please list and circle below)* _____

Spring Summer

Please circle type of team: *(Please list and circle below)* _____

Men

Coed

Church

Womens

This form must be completed and accompanied by payment, before team is entered into league.

Team roster form on back of this page must be completed before a player is eligible to play in Mountain Home Parks and Recreation Leagues.

For office use only:

Paid: _____

Method _____

Date: _____

Check #: _____

Receipt # _____

Received By: _____