## ADULT SOFTBALL Enance

FAL

League begins **SEPTEMBER 9** Games played on Mondays, Tuesdays, & Thursdays at 6:30PM, 7:45PM, & 9:00PM.

There will be a mandatory informational manager's meeting on Wednesday, August 28 at the Shawnee Park Center at 6:30PM.

Registration deadline is 8/30/19. All teams must be paid IN FULL at deadline. Submit registration forms to the A. C. Brase Arena.

All bats must pass compression testing.

FFFFFFF

\$225



## www.cityofcape.org/softball





1157 S. West End Blvd. Cape Girardeau MO 63703 573.339.6788 ahalter@cityofcape.org



## **MENS/COED FALL SOFTBALL LEAGUE REGISTRATION & ROSTER FORM**

| DATES:<br>LEAGUE FORMAT: | Tentative Start Date is September 9, 2019<br>Games will be played Mondays, Tuesdays and Thursdays.   |  |  |  |
|--------------------------|--|--|--|--|
| <b>IMPORTANT DATES:</b>  | Manager's meeting will be August 28 at 6:30 p.m. at the Shawnee Park Center.   |  |  |  |
| <b>REGISTRATION:</b>     | Register by August 30, 2019. Submit regsitration in-person or by mail to the A. C. Brase Arena, 410 Kiwanis Drive, Cape Girardeau, MO 63701. |  |  |  |
| ENTRY FEE:               | \$225 per team   |  |  |  |
| LEAGUE DIRECTOR:         | Adam Halter. Contact at 573.339.6788 or ahalter@cityofcape.org.  |  |  |  |
| I FAGIIF (circle one):   | MENS COED  |  |  |  |

| LLAUUL (GIIGIE OIIC).                      | MILNO                 | UULD                |                       |                           |                                      |
|--|-----------------------|---------------------|-----------------------|---------------------------|--------------------------------------|
| <b>REQUESTED DIVISION (circle</b>          | e one):               | D1                  | D2                    | D3                        |                                      |
| Division 1 is the most competitive & divis | sion 3 is recreationa | al. The division yo | u select is a request | t only. Adjustments to yo | our division will be made as needed. |

DATES CANNOT PLAY (we do our best, but cannot guarantee there will be no scheduling conflicts):\_\_\_\_\_

DATES CAN PLAY (teams must put down as least 2 available week nights to play): \_\_\_\_\_

TEAM NAME: \_\_\_\_\_\_ TEAM SPONSOR: \_\_\_\_\_

|                         | Team Manager | Assistant Manager |
|-------------------------|--------------|-------------------|
| NAME:                   |              |                   |
| ADDRESS:                |              |                   |
| CITY/STATE/ZIP:         |              |                   |
| <b>TEXTING PHONE #:</b> |              |                   |
| CELL PHONE CARRIER:     |              |                   |
| EMAIL ADDRESS:          |              |                   |

| Player's Name *Player's are only allowed on one men's & one coed roster* | Age | Phone Number |
|--|-----|--------------|
| 1.   |     |              |
| 2.   |     |              |
| 3.   |     |              |
| 4.   |     |              |
| 5.   |     |              |
| 6.   |     |              |
| 7.   |     |              |
| 8.   |     |              |
| 9.   |     |              |
| 10.  |     |              |
| 11.  |     |              |
| 12.  |     |              |
| 13.  |     |              |
| 14.  |     |              |
| 15.  |     |              |