City of Clermont Parks & Recreation Department

Softball Team Registration Form

(Please Print All Information CLEARLY)

Season: Fall _____ Polar _2014__ Spring _____

Team Name:_____

League: Men's C _____ Men's D _____ Co-Ed _____
Wednesdays Mondays/Tuesdays Thursdays

Manager's Name: _____

Address: _____City:_____Zip:_____

E-Mail Address: _____

Home Phone:_____ Work Phone:_____

Cell Phone: _____

Assistant Manager's Name:_____

Address:_____City:_____Zip:_____

E-Mail Address: _____

Home Phone:_____Work Phone:_____

Cell Phone: _____

Registration Fee: __$395 Per Team__ Payable by Check, Cashiers Check or Cash

****Credit Card Payments are excepted but are subject to a 2.75% fee****

OFFICE USE ONLY

Men's C_____ Men's D_____ Co-Ed_____

Date:_____ Amount: _____

Cash: $_____ Check #: _____

Payee Name: _____

Receipt #: _____