



City of Clermont Parks & Recreation

Softball Team Registration Form

(Please Print All Information CLEARLY)

Season: Fall _____ Polar _____

Team Name: _____

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: \$560 per Team Payable in person at the Arts and Recreation Center

OFFICE USE ONLY

Date: _____ Amount: _____

Cash: \$ _____ Check #: _____

Payee Name: _____

Receipt #: _____