



ALPHARETTA RECREATION & PARKS DEPARTMENT ADULT SOFTBALL LEAGUE APPLICATION

TEAM NAME _____ **spring**

TEAM MANAGER _____

ASSISTANT MANAGER _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

ZIP CODE _____

ZIP CODE _____

CELL PHONE _____

CELL PHONE _____

HOME PHONE _____

HOME PHONE _____

E-MAIL _____

E-MAIL _____

___ MONDAY MEN'S 'C'

___ WEDNESDAY MEN'S 'D'

___ MONDAY MEN'S 'D'

___ WEDNESDAY MEN'S 'E'

___ MONDAY CO-ED 'D'

___ WEDNESDAY CO-ED 'C'

Put a 1 next to your first choice, a 2 next to your second choice.
There are NO Tuesday or Thursday leagues in the Spring

LEAGUE FEE ENCLOSED \$ _____ CASH _____ CHECK(s) _____ If paying by credit card
Security Code _____

AMEX - VISA - M C - DISC Card # _____ Exp ___ - ___

Please provide address of cardholder, if different from team manager signing up.

Name _____ Address _____ Phone _____

PLEASE COMPLETE ALL SPACES ON THIS FORM. CHECKS SHOULD BE MADE PAYABLE TO ALPHARETTA RECREATION & PARKS DEPARTMENT (or ARPD). One check per team please

THIS APPLICATION MUST BE RETURNED WITH \$450 PAYMENT IN ORDER TO SECURE YOUR TEAM A SPOT IN THE LEAGUE. NO SPOTS WILL BE RESERVED OVER THE PHONE OR WITHOUT MONEY.

For more information please contact Molly Aaron at maaron@alphartta.ga.us or (678) 297-6172.

You can 1) email your application, with subject heading **SOFTBALL REGISTRATION**, 2) register on line at <https://apm.activecommunities.com/alpharetta> or 3) turn it in, in person to Alpharetta Community Center 175 Roswell Rd, or Wills Park Rec. Center 11925 Wills Rd Alpharetta, GA 30004