

**ALPHARETTA RECREATION & PARKS DEPARTMENT
FALL ADULT SOFTBALL LEAGUE APPLICATION**

TEAM NAME _____ **FALL**

TEAM MANAGER _____

ASSISTANT MANAGER _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

ZIP CODE _____

ZIP CODE _____

CELL PHONE _____

CELL PHONE _____

HOME PHONE _____

HOME PHONE _____

E-MAIL _____

E-MAIL _____

<input type="checkbox"/>	MON. MEN'S 'C'	<input type="checkbox"/>	TUE. MEN'S 'D'	<input type="checkbox"/>	WED MEN'S 'C'	<input type="checkbox"/>	THUR. MEN'S 'D'
<input type="checkbox"/>	MON. MEN'S 'D'	<input type="checkbox"/>	TUE. MEN'S 'E'	<input type="checkbox"/>	WED MEN'S 'D'	<input type="checkbox"/>	THUR. MEN'S 'E'
<input type="checkbox"/>	MON. CO-ED 'D'	<input type="checkbox"/>	TUE. CO-ED 'D'	<input type="checkbox"/>	WED CO-ED 'C'		

Put a 1 next to your first choice, a 2 next to your second choice.

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). **ONLY ONE CHECK WILL BE ACCEPTED!**

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 PAYMENT.

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 online 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