

# Galloway Hammond Recreation Center Softball Registration Form

Date: \_\_\_\_\_

Team Name: \_\_\_\_\_

*Contact Information*

Team Head Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Phone #: (Work) \_\_\_\_\_ Phone #: (Work) \_\_\_\_\_

Phone #: (Other) \_\_\_\_\_ Phone #: (Other) \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**How did you hear about the program? :** \_\_\_\_\_

**Rosters frozen at end of the 3<sup>rd</sup> week!!!!!! (For Coed, minimum of 5 female participants)**

Player Name	Phone Number	Email	Signature
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____

*Method of Payment (No Refunds)*

Check / Credit / Cash

Galloway Hammond Employee

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

Print

Signature

Date