

**SACRAMENTO SOFTBALL COMPLEX
2010 SPRING SOFTBALL**

Player Name (Print Legibly)		Address (Must list address for each player)	Zip Code	Day Phone	Home Phone
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Manager's Name	Address	City	Zip Code	Day Phone	Alternate Phone #
Alternate's Name	Address	City	Zip Code	Day Phone	Alternate Phone #

Manager's EMAIL Address:

TEAM NAME	NIGHT	LEAGUE (Mens / Coed/Women)	To be completed by Complex Staff	
			DIVISION	Received By & Date

TO BE COMPLETED BY COMPLEX DIRECTOR ONLY				
Total Paid:		Payment Type:		Received By: