

Woodridge Indoor Saturday Night Lights Travel Softball Games

Team Registration Form

10U Girls Travel Softball 12U Girls Travel Softball 14U "B" Girls Travel Softball

Rate your team: A B+ B B- C+ C

Do you know who you want to play?

Name of opponent: _____

if you don't have anyone lined up, you can go on an interest list. Check here to be put on interest list.

Team Information

Team Name _____

Head Coach's Name/Contact _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Fax Number _____

Cell Number _____ Email Address* _____

* Majority of communication will be done via email.

Payment Information

The team fee is \$150 and must accompany your application. Entry fees are nonrefundable once two teams are confirmed for a date.

Check No. _____ Amount \$ _____

Credit Card Type (please check): Visa MasterCard CVV: _____

Card Number _____ Exp. _____ / _____
Mo. Yr.

Cardholder's Name (Please Print) _____

Signature _____

Return this form and payment to:

**Woodridge Park District
Athletic Recreation Center (ARC)**

Attn: Brad Keene
8201 S. Janes Ave.
Woodridge, IL 60517

If paying by credit card, registration may be sent by fax to 630.353.3409.

Dates Available (Circle Date(s)
your team is interested in):

November 24, 2018
December 1, 2018
December 15, 2018
December 22, 2018
December 29, 2018
January 5, 2019
January 12, 2019
January 19, 2019
January 26, 2019
February 2, 2019
February 9, 2019
February 16, 2019
February 23, 2019
March 2, 2019
March 9, 2019
March 16, 2019
March 23, 2019
March 30, 2019

