

**Lombard Park District
Team Application Form
League: 2010 Adult Fall Softball**

3121-0 Sun Men 12" _____	3121-2 M/W Men's 12" "A" _____	3121-4 M/W Men's 12" "B" _____
3123-1 Sun Coed 12" _____	3121-1 Tu/Th Men's 12" "A" _____	3121-5 Fri Men's 12" "C" _____
3123-0 Tu/Th Coed 12" _____	3123-2 M/W Coed 14" _____	3121-3 Tu/Th Men's 16" _____

Please print legibly

2010 Team Name: _____

2010 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ (W) _____

E-mail Address: _____

Circle One: Resident Team \$640 Non Resident Team \$740

*Teams paying \$100 deposit must also leave a valid credit card #
League fees are due in full by 8/14.
If not received, credit card will be charged balance of league fees.*

******OFFICE USE ONLY******

Amount Received: _____

Credit Card # (Visa, Mastercard, Discover) _____ EXP: _____

Signature: _____

CHK # _____ Cash: _____

Received By _____ Date: _____

Program Code # _____