

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

(check league)

____ 2123-3 Mon Coed 14”
____ 2123-4 Wed Coed 14”
____ 2123-5 Fri Coed 12”
____ 2121-7 Fri Men 12”C
____ 2121-4 Wed Men 12”A

____ 2120-0 Tu/Th Men 16”
____ 2123-0 Su Coed 12”
____ 2123-1 Tu Coed 12”A
____ 2123-2 Th Coed 12”B
____ 2121-5 Wed Men 12”B

____ 2121-0 Sun Men 12”
____ 2121-1 Mon Men 12” A
____ 2121-2 Mon Men 12” B
____ 2121-3 Tu Men 12” A
____ 2121-6 Th Men 12” B

Please print all information legibly!

2010 Team Name: _____

2010 Captain Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: (H) _____ (Cell/Work) _____

E-mail Address: _____

Circle One: Resident Team \$640/\$620 Non Resident Team \$740/\$720

Teams may pay \$100 deposit to hold spot in league, but must also provide a valid credit card #.

Full payment must be received by April 10, 2010, or card will be charged balance of league fee.

Amount Received: _____

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

Signature: _____

CHK # _____ Cash: _____

Received By _____ Date: _____

Program Code # _____