

TOWN OF ONONDAGA PARKS & RECREATION

4834 Velasko Road, Syracuse, New York 13215

Phone: 315-469-3464 | Fax: 315-469-2816

SOFTBALL LEAGUE REGISTRATION

Team Name: _____

Team Captain: _____

Email: _____

Address: _____

Phone (Cell): _____

Choose league you are registering for:

☐

Tuesday night Men's "A" League

☐

Tuesday night Men's "B" League

☐

Wednesday night Co-Ed League



This form must be accompanied with a completed roster form, and a payment of \$410.00 (*includes refundable \$60 forfeit fee*) with cash, check or credit **NO LATER THAN APRIL 9th, 2021.**

Please make checks payable to: **Town of Onondaga**

FOR OFFICE USE ONLY:

League Fee: _____ Completed Roster: _____ Date Submitted: _____

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ROSTER SHEET

TEAM NAME: _____

MANAGER: _____

PHONE (C): _____ Email: _____

ADDRESS: _____

| | NAME | Cell Phone # |
|-----|------|--------------|
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