

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 \$420.00 (*includes refundable \$70 forfeit fee*) with cash, check or credit **NO LATER THAN APRIL 10th, 2025.**

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

FOR OFFICE USE ONLY:

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

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ROSTER SHEET - ADULT ATHLETIC PROGRAMS

TEAM NAME: _____

TEAM MANAGER: _____

PHONE (H): _____ (C): _____ (W): _____

ADDRESS: _____

	NAME	ADDRESS	(H) PHONE	(W) PHONE
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