

TOWN OF ONONDAGA PARKS & RECREATION
4834 Velasko Road, Syracuse, New York 13215
315-469-3464 Fax: 315-469-2816

SOFTBALL LEAGUE REGISTRATION

Team Name: _____

Team Manager: _____

Team Captain: _____

Email: _____

Address: _____

Phone (Home): _____ (Cell): _____

Daytime Contact # (8:00am-4:00pm): _____

LEAGUE: CHECK ONE

MENS TUESDAY: _____

CO-ED WEDNESDAY: _____

TEAM T-SHIRT SIZES (APPROXIMATE #)			
_____	MEDIUM	_____	X-LARGE
_____	LARGE	_____	XX-LARGE

Availability for make-up games. Please check as many as possible.

_____ MONDAY

_____ WEDNESDAY

_____ FRIDAY

_____ SATURDAY – before noon

_____ SATURDAY – after noon

_____ SUNDAY – before noon

_____ SUNDAY – after noon

THIS FORM MUST BE ACCOMPANIED BY CHECK OR MONEY ORDER IN THE AMOUNT OF **\$350.00**

CHECKS PAYABLE TO: TOWN OF ONONDAGA

FOR OFFICE USE ONLY:			
AMOUNT PAID	_____	DATE	_____
RECEIPT #	_____		

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ROSTER SHEET - ADULT ATHLETIC PROGRAMS

TEAM NAME: _____

MANAGER: _____

PHONE (C): _____ Email: _____

ADDRESS: _____

	NAME	ADDRESS	Cell Phone #
1.			
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