2025 16" FALL COED Softball Program

TEAM REGISTRATION FORM

TEAM INFORMATION- Please Print Clearly

TEAM NAME / SPONSOR _____

SPONSOR'S CONTACT PERSON _____ SPONSOR'S PHONE # _____

SPONSOR'S ADDRESS _____ CITY _____ ST _____ ZIP _____

MANAGER / COACH INFORMATION – Please Print Clearly

MANAGER /COACH NAME _____ E-MAIL _____

CELL PHONE: _____ HOME PHONE: _____

❑ please check here if you would not like to receive email updates on future activities and programs from Wicomico County Recreation, Parks and Tourism

Primary Address _____ CITY_____ ST_____ ZIP _____

Mailing Address **(if different)** _____ CITY_____ ST_____ ZIP _____

SCHEDULING REQUESTS* Games are scheduled for Friday Nights. Rescheduled games could be rescheduled on a night other than Friday night. Please list the next best night for rescheduled games.
(These are only Requests and are granted at the discretion of the league administrator)

❑ Scheduling Requests (limited to 2 request)

1. _____
2. _____

PAYMENT INFORMATION---PAY BY September 7, 2025 TO AVOID THE LATE FEES

Payment Amount: $_____ ❑ Team Entry ($400) ❑ Late Fee ($50) (No player fees)

Payment Type: ❑ Cash ❑ Check ❑ Credit Card (MC or Visa) ❑ Confirmation Letter from Sponsor

Credit Card #:_____ Exp:_____ Verification Code (3 digit): _____

Signature_____

REGISTRATION DEADLINE: Sunday, September 7, 2025

All Rosters MUST be turned in by the Deadline.