

Carroll County Community Center

2017 CO-ED SOFTBALL REGISTRATION FORM

Final Roster Due: MAY 27 (After 5/27/17 late fee \$25)

TEAM NAME _____

TEAM COLOR _____

TEAM CAPTAIN _____

ADDRESS _____

PHONE _____

EMAIL _____



TEAM ROSTER

1) Name _____

2) Name _____

3) Name _____

4) Name _____

5) Name _____

6) Name _____

7) Name _____

8) Name _____

9) Name _____

10) Name _____

11) Name _____

12) Name _____

13) Name _____

14) Name _____

15) Name _____

16) Name _____

17) Name _____

18) Name _____

19) Name _____

20) Name _____

TEAM REGISTRATION FEE

\$250.00

Late fee after
5/27/17 is \$25.00
No Exceptions

**ALL FEES MUST BE
RECEIVED BY
Saturday, JUNE 3rd**

**Minimum of
8 players
(4 women required)**

**Maximum of
20 players
per team**

There is a \$5.00
per player fee for
each additional
player after 15

CCCC ♦ 908 E Columbia St ♦ Flora, IN 46929 ♦ (574) 967-4449
www.carrollcountycommunitycenter.com

For Office Use Only:

Staff Initials _____ Program Cost: \$ _____ Payment Type: _____ cash / _____ check# _____