

# Carroll County Community Center

## 2018 CO-ED SOFTBALL REGISTRATION FORM

Final Roster Due: MAY 26 (After 5/26/17 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  
5/26/17 is \$25.00  
No Exceptions

**ALL FEES MUST BE  
RECEIVED BY  
THURSDAY, MAY 31ST**

**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

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# \_\_\_\_\_ Date \_\_\_\_\_