2015 Sponsorship Softball Adult Registration Form

Entry Fee must accompany this form. You may register by mail, in person, online, or over the phone with a major credit card (651) 558-2255.

Types of payments- Credit Card, Cash, or Business Check. No Money Orders!

Please make checks payable to: **St. Paul Municipal Athletics**

1500 N. Rice St.
St. Paul, MN 55117

(Office Use Only):
Date Received _____
Amount _____
Check#_____
Receipt #_____
Staff Initials_____
Softballs Received ____/____/2015

Team Name		Managers Name		
Address		City		Zip
Day Phone ( )		Eve Phone ( )		Cell Phone( )
Email Address				
Division of Play	**Men's**	**Men's Fast Pitch**	**Women's**	**Co Rec**
Day of Play/ Class	Mon D McM Active # 12100	Mon B/C Dunn Active # 12102	Tues D R/A Active #12115	Sun B/C R/A Active #12086
(Please Circle)	Mon D R/A Active # 12101	Thur C Dunn Active # 12106	Wed B/C Dunn Active #12116	Sun D R/A & McM Active #12087
	Mon D (Dbls) R/A Active # 12099		Wed D R/A Active #12117	Mon C McM Active #12085
	Tues D/E McM Active # 12109		Wed D/E Phalen Active #12118	Tues D McM Active #12090
	Tues D R/A Active #12108		Thur D R/A Active #12114	Wed D McM Active #12091
	Tues D (Dbls) R/A Active #12107			Wed D/E Dunn Active #12092
	Wed D/E McM Active #12112			Thur D St. Clair Active #12089
	Wed C/D (Dbls) R/A Active #12110			Thurs C/D McM Active #12088
	Wed D R/A Active #12111			Fri D (Dbls) McM & Dunn Active #12083
	Thur D McM Active #12104			Fri C/D R/A & Dunn Active #12084
	Thur D R/A Active #12105			
	Thur D (Dbls) R/A Active #12103			
	Fri D McM Active #12095			
	Fri D (Dbls) R/A Active #12094			

Are you a returning **SUMMER** team from last year? Yes No

If yes - what field and night did you play at last year? Night _____ Field_____

What mandatory managers meeting will you are attending? (Circle one) Thursday, April 2nd @ 6:15pm or Monday, April 6th @ 6:15pm

Comments_____

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative_____