



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

Find us on Facebook at townofkentrecreation

2015 Men's Softball Team Registration Form

Fill out form completely. Please print legibly!

Season:			Registration Fee
Spring/Summer	<input type="checkbox"/>	12 week league, games played weeknights, double elimination playoff	\$1000 per team
Fall	<input type="checkbox"/>	6 week league, games played on Sundays (double headers), double elimination playoff (if possible)	\$825 per team

TEAM INFORMATION

Team Name:				Coach's/Manager's Name:			
Street Address:				Coach's Phone Number:		Cell Phone Number:	
City:	State:	ZIP Code:	E-Mail			E-Mail 2	

TEAM ROSTER

Player's Full Name:	WS	Player's Full Name:	WS
1.		12.	
2.		13.	
3.		14.	
4.		15.	
5.		16.	
6.		17.	
7.		18.	
8.		19.	
9.		20.	
10.		21.	
11.		22.	

All players must fill out a Player Waiver form to be eligible to play for Kent Recreation Men's Softball.
(WS checked means that the Player Waiver form has been submitted)

Fees must be received by end of 1st week of season. If fees are not received by the end of the 1st week the team will forfeit all games until the fee is paid in full.

OFFICE USE

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: KENT RECREATION	Check Number:	Receipt Number:
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