



# Adult Spring-Summer Slowpitch

## League Application

4702 S. 19th St. ♦ Tacoma WA 98405

Phone 305-1015 ♦ Fax 305-1005

Mark one item in each box

2009

<b>Division</b> <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Co-ed	<b>Season</b> <input type="checkbox"/> Spring/Sum <small>(Use different form for Late Summer and Fall Slowpitch)</small>	<b>Classification / Level</b> <input type="checkbox"/> Level 2 (Wed) <input type="checkbox"/> Church (Mon) <input type="checkbox"/> Level 3 (M,T,Th) <input type="checkbox"/> Women's C/D/E-Rec (Tu, Th) <input type="checkbox"/> Level 4 (W,Th) <input type="checkbox"/> Coed Friday <input type="checkbox"/> Company (Th) <input type="checkbox"/> Coed Sunday <input type="checkbox"/> Double Header (Tue, Wed)	<b>Rank your team</b> within your Classification/Level Top (+)    Middle (-)    Bottom League      League      League (circle one)
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TEAM NAME \_\_\_\_\_

Coach's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Coach's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Assistant Coach's Name \_\_\_\_\_ E mail \_\_\_\_\_

Assistant's Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Daytime) \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Previous Team Name \_\_\_\_\_ Previous League \_\_\_\_\_

**SCHEDULING CONSIDERATIONS:**

(Check Sportswatch and/or list above for leagues with pre-determined days for league play.)

**Conflicts:** (Days/Dates you **can not** field a team) \_\_\_\_\_

**Reason for conflict:** (All conflicts may not be honored) \_\_\_\_\_

**Preferences:** (Check Sportswatch or list above for leagues with pre-determined days for league play.)

- My league has a pre-determined day OR Any day is ok.
- If not pre-determined** my team prefers to play the following days:

*Conflicts will be considered before preferences.*

***Preferences are not guaranteed!***

I fully accept responsibility for all actions of my team, and agree to fully abide by the rules outlined in appropriate Metro Parks Tacoma rule books and National Organization rule books. I am the singular spokesperson for my team, except for individual appeals for disciplinary actions. Upon any change in a coaching position, I agree to notify Metro Parks Tacoma in writing immediately.

\_\_\_\_\_  
Signature of Head Coach / Team Manager

<b>PAY BY VISA OR MASTERCARD</b> Cardholder's Name _____ Visa # _____ Expires: _____ Mastercard # _____ Expires: _____	<b>OFFICE USE ONLY</b> Amount Paid: _____ Date Paid: _____ Receipt #: _____
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