

West Lafayette Parks and Recreation Department Coed Softball League 2016

**\$400 per team – First 36 teams paid will be in League
Registration ends April 15, season begins May 9.**

Contact Information

Coach's Name: _____ Team Name: _____
 Coach's Address: _____ City: _____ Zip: _____
 Cell Phone: _____ E-mail: _____
 Asst. Coach: _____ E-mail: _____

My team would like to play in the following division:

- A-B Division Most Competitive**
- B-C Division Competitive**
- C-D Division Middle of pack**
- D-E Division Competition is low-key**
- E Division Not competitive, play for recreation**

We hereby apply for admission to the Coed Softball League and acknowledge that all play will be governed by ASA rules, as well as the rules set forth by the West Lafayette Parks & Recreation Department. We hereby acknowledge receipt and agree to be governed by these rules.

Coaches Signature: _____ Date: _____

Conflict Date/Time:

Place an 'X' in the slot(s) your team CANNOT PLAY.

	Monday	Tuesday	Wednesday	Thursday
6:00 pm				
7:15 pm				
8:30 pm				

Also, specify any particular date and time your team CANNOT PLAY: _____

Payment must be submitted with your application to the Parks & Recreation office.

Mailing Address:
 West Lafayette Parks & Recreation Department
 1101 Kalberer Road
 West Lafayette, IN 47906-8766

In-person delivery: Our office is located at 1101 Kalberer Road

Check or money orders must be made out to:
 City of West Lafayette

Check out our web site for additional information: www.westlafayette.in.gov/parks

Office Use Only

Date Received: _____ Check number: _____ Receipt number: _____