



**City of Oceanside Parks & Recreation - Sports & Athletics
ADULT COED SOFTBALL TEAM REGISTRATION**

Team Fees: \$450.00 Resident or \$500.00 Non-Resident

Receipt # _____

Date: _____

TEAM NAME: _____ **Season:** _____

Division: _____ **Park Site:** _____ **Field Number:** _____

TEAM MANAGER INFORMATION:

LAST NAME		FIRST NAME	
ADDRESS		CITY	ZIP CODE
DAY PHONE	EVENING PHONE	E-MAIL	FAX

EMERGENCY CONTACT

NAME/PHONE NUMBER

TEAM SPONSOR

BUSINESS NAME	TEAM NAME	PHONE
ADDRESS	CITY	ZIP CODE

ALTERNATE TEAM CONTACT/TEAM CAPTAIN

LAST NAME	FIRST NAME	EVENING PHONE
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MANAGER'S SIGNATURE:

MY SIGNATURE HERE CERTIFIES ALL INFORMATION WITHIN TO BE TRUE AND CORRECT.	
SIGNATURE: _____	DATE: _____