



# 2010 Pastime Park League Registration



|  |  |                    |
|--|--|--------------------|
| 10701 Campbell Rd.<br>P.O. Box 206<br>Harrison, OH 45030<br><a href="http://www.pastimepark.com">www.pastimepark.com</a> | Office: 513.367.0266<br>Fax: 513.367-0267<br>Rain: 513.786.6938<br>manager@pastimepark.com | Marty 513 349-6495 |
|--|--|--------------------|

Team Name: \_\_\_\_\_  
Form must be completed in full including manager's signature.

## Contact Information

|                                  |   |
|----------------------------------|---|
| Manager's Name: _____            | Assistant Manager: _____  |
| Day Phone: _____                 | Day Phone: _____  |
| Evening Phone: _____             | Evening Phone: _____  |
| E-Mail: _____                    | E-Mail: _____   |
| Address: _____                   | <small>Manager responsibilities include but not limited to:</small><br>1. Ensure timely payment of all league and tournament fees.<br>2. Keep control & discipline team both on and off the field.<br>3. Make sure that all players have signed the roster/waiver.<br>4. Keep in communication with the park manager regarding team issues. |
| City: _____ St: _____ Zip: _____ |   |

## League Information

COMBO RATE: Save up to \$100.00 by paying upfront for both the Spring and Summer leagues before April 1.

| <u>Season</u>                   | <u>Day</u>                         |   | <u>League</u>                           | <u>USSSA Class</u>                          |
|---------------------------------|------------------------------------|---|---|---|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Monday    | <input type="checkbox"/> Friday           | <input type="checkbox"/> Men's          | <input type="checkbox"/> B (extremely good) |
| <input type="checkbox"/> Summer | <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Sunday Afternoon | <input type="checkbox"/> Women's        | <input type="checkbox"/> C (very good)      |
| <input type="checkbox"/> Combo  | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday Evening   | <input type="checkbox"/> Mixed Couple's | <input type="checkbox"/> D (competitive)    |
| <input type="checkbox"/> Fall   | <input type="checkbox"/> Thursday  |   |   | <input type="checkbox"/> E (recreational)   |

## Payment Information

\$250.00 minimum deposit is required with the registration form. Full payment is due before team is scheduled.

|   |
|---|
| Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa/MasterCard - indicate the amount to be charged: \$ _____ |
| Credit Card Number: _____ Exp. Date: _____ V-code: _____  |
| Cardholder's Name: _____ Signature: _____   |

As the manager of the above named team, I assume ALL financial responsibility for payment of league fees\* for the 2009 season.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Including ALL applicable interest charges, legal fees, and/or collection fees on ALL past due balances.

Return check fee: \$30.00

Do not fill out below this line: Office use only

| <u>Payment No.</u> | <u>Amount</u> | <u>Date</u> | <u>Cash/Check/Credit</u> | <u>Notes</u> |
|--------------------|---------------|-------------|--------------------------|--------------|
|--------------------|---------------|-------------|--------------------------|--------------|