



2012 Pastime Park League Registration



10701 Campbell Rd. P.O. Box 206 Harrison, OH 45030 www.pastimepark.com	Office: 513.367.0266 Fax: 513.367-0267 Rain: 513.786.6938 manager@pastimepark.com	Marty 513 349-6495
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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> 1. Ensure timely payment of all league and tournament fees. 2. Keep control & discipline team both on and off the field. 3. Make sure that all players have signed the roster/waiver. 4. Keep in communication with the park manager regarding team issues. 5. Make sure all Pastime Park rules are followed
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 2011 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>
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