



**ADA TOWNSHIP PARKS & RECREATION DEPARTMENT
SOFTBALL TEAM REGISTRATION FORM**

THIS FORM MUST BE ATTACHED TO YOUR ENTRY FEE

TEAM NAME _____

MANAGER _____

MANAGER'S _____

ADDRESS _____

CITY _____

ZIP CODE _____

HOME PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

**LEAGUE YOU WANT TO PLAY IN (TUESDAY SLOW,
WEDNESDAY CO-ED, THURSDAY SLOW ETC.)**

LEAGUE _____

RETURN THIS FORM WITH YOUR ENTRY FEE !

**MAIL TO: ATTN: ROB MC CORMICK
 ADA TOWNSHIP PARKS OFFICE
 PO BOX 370, 7330 THORNAPPLE RIVER DR.
 ADA, MI 49301**