

**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**