

Adult Slow-Pitch Softball/Kickball League Application

Team Name: _____

Sponsor Name: _____

Manager Name: _____ Phone: _____

Email: _____

Address: _____

City/State/Zip: _____



League Preference (check the box)

Slow-Pitch Softball Leagues

<input type="checkbox"/>	Monday Women's	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Competitive
<input type="checkbox"/>	Tuesday Men's	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Competitive
<input type="checkbox"/>	Thursday Coed	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Competitive
<input type="checkbox"/>	Sunday 16" Men's	<input type="checkbox"/>	Recreational		

Kickball Leagues

<input type="checkbox"/>	Wednesday Women's Kickball League	<input type="checkbox"/>	4 Teams Only	-	Recreational
<input type="checkbox"/>	Wednesday Men's Kickball League	<input type="checkbox"/>	4 Teams Only	-	Recreational
<input type="checkbox"/>	Friday Coed Kickball League	<input type="checkbox"/>	Recreational	<input type="checkbox"/>	Competitive



**4 Teams Per League. Start Times: 6:00PM & 7:15 PM
12 games Round Robin Schedule**

Mail or Drop Off Registration Form & Payment to:

Caledonia Village Hall, Parks & Recreation Dept., 6922 Nicholson Road, Caledonia, WI 53108

	Players Name	Address	City	Zip Code	Date Of Birth
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Recommend 14 players per team - you may have additional players.