



BYRON TOWNSHIP RECREATION

2024 Spring/Summer Adult Slow Pitch Softball



Team Name: _____

Manager's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

(Day) Phone: _____ Email: _____

Asst: Manager's Name: _____ Email: _____

Please indicate your first (1) and second (2) choice for league play. Every effort will be made to place you in the night of your request.

<u>Night</u>	<u>Type</u>	<u>Choice #</u>
Monday	Men's	_____
Monday	Coed	_____
Tuesday	Men's	_____
Tuesday	Coed	_____
Wednesday	Men's	_____
Wednesday	Coed	_____
Thursday	Men's	_____
Thursday	Coed	_____

REGISTRATION FEE: \$490per team +\$7.00 convenience fee when paying with a card (\$497.00)

REGISTRATION BEGINS: Thursday—February 1, 2024 (*First come, first serve basis*)

REGISTRATION DEADLINE: Friday - March 22, 2024 There is limited space, spots will not be held and we will not accept late registrations, so make sure you sign up as soon as possible to ensure a spot.

TO REGISTER: Mail-in, email, or drop off completed **registration form & full registration fee** to the Byron Township Recreation Department (2120 76th Street, Byron Center, MI 49315.)

*If mailing registration - please be sure to allow for the delay, we will not accept late registrations even if you mailed in before the deadline. Once received we will process and email you a copy of your receipt.

GAMES WILL BEGIN: The week of April 15, 2024

10 games + post season tournament

GAME TIMES: 6:15pm, 7:15pm, 8:15pm

ROSTERS ARE DUE: May 17, 2024

Phone: 616-878-1998 | **Email:** marty@byrontownship.org

Website: www.byrontownshiprec.org/softball

PLEASE FILL IN ALL THE INFORMATION BELOW COMPLETELY :

Indicate if this is a Returning or New Team: Returning Team New Team

*If returning, list your team name(s): Summer team 2023 : _____
Fall team 2023: _____

Please rank your team's ability on a scale of 1 to 3 (**1 = above average, 2 = average, 3 = below average**) in the following areas and then provide a short written summary of your rankings:

Hitting (including home run power and extra base potential)	1	2	3
Defense (infield and outfield)	1	2	3
Speed (offense and defense)	1	2	3
Overall Ranking	1	2	3

What is the average age of your team: _____ How long has your team been playing together: _____

NOTES: Please use this space to make requests for the season or elaborate on your teams abilities.

MANAGER'S QUIZ:

NO MANAGERS QUIZ: The manager is responsible for both KNOWING the rules and COMMUNICATING the rules to their team. Rules will be emailed out to the manager.

Statement of Acknowledgement:

I agree to play by the rules, regulations, policies and procedures of the Byron Township Recreation Department. Summer Adult Slow Pitch or Fast Pitch Softball Program. I also agree to take the responsibility to inform all my players of the rules, regulations, policies and procedures. I understand that all players must be 18 years old or older.

Manager's or Team Representative's Name Printed

Manager's or Team Representative's Signature

Credit Card#: _____ Expiration Date: _____

Name on card: _____ CCV: _____

OFFICE USE ONLY:

Cash: _____ Check: _____ Date Paid: _____ Amount Paid: _____ Receipt #: _____

Marty Burgess | marty@byrontownship.org | 616-878-1998
byrontownshiprec.org/softball | 2120 76th St. SW. Byron Center, MI 49315

GOOD LUCK AND HAVE A GREAT SEASON!