

**WEBER COUNTY RECREATION
FALL SOFTBALL REGISTRATION FORM**

Amt. Pd. _____ Rept. No. _____ CC CK CA

Team Name: _____ Coach: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Assistant Coach: _____ Phone Number: _____

*****ALL FALL LEAGUES ARE DOUBLE -HEADER GAMES! *****

Day of Week	League	"X" if requested
Monday	Mens E	
Monday	Mens D	
Tuesday	Mens	
Tuesday	Co-ed	
Wednesday	Co-ed E	
Wednesday	Co-ed D	
Thursday	Mens	
Thursday	Co-ed	
Thursday	Womens	
Friday	Mens	
Friday	Co-ed	

E = Recreation D = Competitive

Refund Policy: Refunds requested 15 days or more before league play will result in a **\$30.00** penalty.
 Refunds requested within 14 days of play will result in a **50%** penalty.
 Refunds requested after league starts will result in a **100%** penalty.

Turn this form in along with payment by registration deadline.