

**WEBER COUNTY RECREATION  
SPRING SOFTBALL REGISTRATION FORM**

Amt. Pd. _____ Rept. No. _____ CC CK CA
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Team Name: \_\_\_\_\_ Coach: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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.**