

THE ST. LOUIS SOFTBALL LEAGUE 2017 SPRING/SUMMER SESSION

APPLICANT INFORMATION: (Please print legibly or type information.)

TEAM NAME: _____

MANAGER'S NAME: _____

ADDRESS: _____ HOME WORK

(Check Which Address You Are Using):

CITY/STATE/ZIP: _____

HOME PHONE: _____ MOBILE: _____ WORK NUMBER: _____

EMAIL: _____

CATEGORY(SELECT ONE): (SC-SUPER COMPETITIVE, C - COMPETITIVE, CR-COMPETITIVE RECREATIONAL, R - RECREATIONAL)

- | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> MEN'S SC | <input type="checkbox"/> MEN'S CR | <input type="checkbox"/> WOMEN'S C | <input type="checkbox"/> COED R |
| <input type="checkbox"/> MEN'S C | <input type="checkbox"/> MEN'S R | <input type="checkbox"/> WOMEN'S R | <input type="checkbox"/> COED C |

*Indicate with "DH" after a category if your team wants to play in a doubleheader league.

PARK: _____ FIELD: _____

CHOICE OF EVENING (THERE MUST BE TWO DIFFERENT CHOICES):

1ST CHOICE: _____ 2ND CHOICE: _____

Teams that want to reserve a particular category on a particular night need to send a non-refundable payment of \$100.00 with this application by Friday, February 10, 2017. **Teams can still apply after this date, but they need to send in the entire payment when they apply.** The deadline for applications is Friday, March 10, 2017. Leagues will be filled on first come, first served basis as final payments are received. **It is the responsibility of each team to mail in their balances (if they are due) by the application deadline. No second notice or reminder will be sent.**

PAYMENT INFO:

MAKE CHECK, MONEY ORDER OR CASHIER'S CHECK PAYABLE TO:

City of St. Louis - SLSL
5600 Clayton Avenue (In Forest Park)
St. Louis, MO 63110

AMOUNT ENCLOSED: _____
(DO NOT SEND CASH OR CREDIT CARD NUMBER)

There are no refunds!

CHECK, MONEY ORDER OR CASHIER'S CHECK #: _____

MANAGER'S SIGNATURE: _____

DATE: _____

Do Not Write Below this Line - SLSL Office Only

Date Initial Payment Received in Office: _____

Amount Received: _____

Date Final Payment Received in Office: _____

Amount Received: _____

*Teams should indicate if there is a particular date that they need off prior to when the scheduled are made. The S.L.S.L. will try to accommodate the request in the order that they are made.