THE ST. LOUIS SOFTBALL LEAGUE 2024 SPRING/SUMMER SESSION APPLICANT INFORMATION: (Please print legibly or type information.)

TEAM NAME:			
MANAGER'S NAME:			
ADDRESS:			(Check Which Address You Are Using):
HOME WORK			
CITY/STATE/ZIP:			
HOME PHONE:	MOBILE:		
WORK NUMBER:			
EMAIL:			
CATEGORY(SELECT ONE): (SC-SUPER COMPETITI	VE, C - COMPETITIVE, CR-COMPETITIVE RECREAT	IONAL, R - RECREATIONAL)	
MEN'S SC	MEN'S CR	WOMEN'S C	COED R
MEN'S C	MEN'S R	WOMEN'S R if your team wants to play in a doubleheader league.	COED C
PARK:		FIELD:	
	CHOICE OF EVENING (THE	RE MUST BE TWO DIFFERENT CHOICES):	
can still apply after this date, but they nee	d to send in the entire payment when the		application by Friday, February 16, 2024. Teams r, March 15, 2024. Leagues will be filled on first ue) by the application deadline. No second
		PAYMENT INFO:	
MAKE <u>CHECK</u> , <u>MONEY ORDER</u> OR <u>CASHIER'S</u> City of St. Louis - SLSL 5600 Clayon Avenue (In Forest Park)	CHECK PAYABLE TO:		
St. Louis, MO 63110	AM	OUNT ENCLOSED:	
There are no refunds!:	CHECK, MONEY ORDER OR CASH	HIER'S CHECK#:	(DO NOT SEND CASH OR CREDIT CARD NUMBER
		MANAGERS SIGNATURE: DATE:	
	Do Not Write	Below this Line - SLSL Office Only	
ENTRY FEE:		Payment Received in Office:unt Received:	
		ived in Office:	
	Amo	unt 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.