



City of Jonesboro Adult Summer Softball League 2013

Team Name: _____

Coach's Name: _____

Home Phone: _____ Work Phone: _____

Address: _____ City _____ Zip: _____

Email: _____

Assistant Coach: _____ E-mail _____

Home Phone _____ Work or CELL _____

MENS _____ CHURCH _____ CO-ED _____ WOMENS _____

LEAGUE FEE \$450.00

Please Mark If You Would Like To Play In The Upper Division YES ___ NO ___

REGISTRATION DEADLINE IS March 15, 2013- 5pm (PLEASE REGISTER EARLY)

Mailing Address: City of Jonesboro Softball
Earl Bell Community Center
1212 S. Church Street
Jonesboro, AR 72401

EARL BELL COMMUNITY CENTER
HOURS: 9AM until 9PM- Mon-Fri
12noon until 5pm - Sat
Closed Sunday
870-933-4604

I, the undersigned, am responsible for all league fees incurred by the above team, to the City of Jonesboro Softball and failure to comply will result in suspension of team and all players for a full year. Fees must be paid BEFORE pre-season tournament.

Pre-Season begins: April 8th

Coach: _____

Must be signed! Thank You