## March 17, 2008

## To Whom It May Concern:

The South Sioux City Parks and Recreation Department along with the Siouxland Church Softball League will be offering a Men's and Co-ed Softball League. Registration will be from March 17, 2008 until April 30<sup>th</sup> 2008. Teams will be divided into A & B leagues if enough teams are registered. Games will be played on Monday, Tuesday & Thursday evenings- (We will do our best to accommodate each teams special requests.) League fees are \$225/per team, which will cover a 14-16 game schedule and an end of season tournament. Once again games will be played at Cardinal Park and Riverview Park in South Sioux City.

Attached is a team registration form. The form and payment need to be filled out in full and mailed to: SSC Parks & Rec

Attn: Brent Brown 1615 1<sup>st</sup> Ave South Sioux City, NE 68776

Or dropped off at the SSC Parks & Rec Office at 801 Riverview Dr by April 30<sup>th</sup>. The team captains meeting will be held on May 8<sup>th</sup> at 6:30pm for the co-ed league and the Men's League at the Riverview Field 3-4-5 Concession Stand in South Sioux City.

If you have any questions or comments please contact the Recreation Dept. at 494-7540 or <a href="mailto:bbrown@southsiouxcity.org">bbrown@southsiouxcity.org</a>. Also each team needs to have someone with an active e-mail account. I will send out weekly if not daily notices via e-mail; it is quicker and easier to contact people that way. So if you don't have access please list someone or all members on your roster who do.

Thank you.

Brent Brown
Parks and Recreation Director
1021 E 6<sup>th</sup> St
South Sioux City, NE 6877
bbrown@southsiouxcity.org



## SOUTH SIOUX CITY PARKS AND RECREATION DEPARTMENT MEN'S & CO-ED CHURCH SOFTBALL LEAGUE TEAM REGISTRATION FORM

•	CO-ED:	MENS:	-
TEAM NAME:			
TEAM CAP	TAIN:		
ADDRESS:			
CITY, ST, Z	IP:		
PHONE NUMBER: (H)		(W)	
E-MAIL AD			
PAYMENT	·:		
	CHECK #	CC NUMBER	
Mail to:	Recreation Dept		

South Sioux City, NE 68776

## SOUTH SIOUX CITY PARKS AND RECREATION DEPARTMENT CO-ED AND MENS SOFTBALL LEAGUE TEAM ROSTER FORM

TEAM NAME:							
TEAM CAPTAIN:							
Please print clearly any email addresses you would like added to the weekly distribution list on the back of this sheet.							
	name signature	ADDRESS	CITY,ST,ZIP				
1.							
2.							
4.							
ی. 10							

11	 

THIS IS TO CERTIFY THAT THE ABOVE SIGNED HAVE GIVEN CONSENT TO PARTICIPATE IN THE SOUTH SOIUX CITY PARKS AND RECREATION COED/MENS CHURCH SOFTBALL LEAGUE. I FULLY RECOGNIZE THAT THE CITY OF SOUTH SIOUX CITY, PARKS AND RECREATION DEPARTMENT, IT'S STAFF AND/OR THE SOUTH SIOUX CITY COMMUNITY SCHOOL WILL NOT BE HELD LIABLE IN CASE OF AN ACCIDENT OR INJURY.