

# SPORTSCITY SUMMER FUN LEAGUES

Must be 18 to participate.

**Summer  
1**



## Men's Wiffle Ball League

**Monday Night League** minimum 4 teams required / Rules on web site

**Team Registration Deadline: Friday, May 28th**

Team registration and \$40.00 deposit (one players fee) due at this time.

**Player Registration Deadline: Sunday, June 6th**

Players must sign up & pay individually by this date & complete a SportsCity waiver if necessary.

**Cost: \$30.00** (\$27.95 + \$2.05 tax) **per player.** Fee includes required t-shirt.

**Games Start: Monday, June 21st**

Games played Tuesday evenings ~ 8 weeks ~ 8th game is single elimination tournament

**Tables for spectators to sit, eat & drink at will be set up outside the field.**

TEAM NAME: \_\_\_\_\_  
(Limit 25 letters)

RESPONSIBLE PARTY: \_\_\_\_\_  
Must be 21 or older to sign)

PHONE: [home] \_\_\_\_\_ [cell] \_\_\_\_\_ [work] \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(Required)

### QUESTIONS?

Tammy Baldwin [tbaldwin@sportscitykc.com](mailto:tbaldwin@sportscitykc.com)  
425 NE Mock Ave - Blue Springs, MO 64014  
816-229-1314 [www.sportscitykc.com](http://www.sportscitykc.com)



Please complete:

- \* Back side or
- \* Page 2 if printing from web site

**There is no refund of fees unless SportsCity is unable to place your team. If that happens, refund will be issued within 30 days. All players must pay and have a waiver on file.**

TEAM NAME: \_\_\_\_\_

TEAM SPORT: MEN'S WIFFLE BALL      YEAR: 2010      SESSION: SUMMER I

RESPONSIBLE PARTY (print name): \_\_\_\_\_  
(must be same as on flyer form)

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      AGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_

\_\_\_\_ CASH    \_\_\_\_ CHARGE    CK # \_\_\_\_\_      AMOUNT: \$ \_\_\_\_\_      DATE: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_

TYPE OF CARD:    \_\_ Visa    \_\_ MasterCard    \_\_ Discover    \_\_ American Express

NAME ON CARD (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_      DATE: \_\_\_\_\_  
(Signature of person authorizing the charge)

www.sportscitykc.com ~ 425 Mock Avenue ~ Blue Springs, MO 64015 ~ 816-229-1314 ~ fax 816-229-1716

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**SCHEDULE REQUEST: only 2 allowed**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_