



# BYRON TOWNSHIP RECREATION



## 2024 Fall Adult Slow Pitch Softball

Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(Day) Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Asst: Manager's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your first (1) and second (2) choice for league play. Every effort will be made to place you in the night of your request.

<u>Night</u>	<u>Type</u>	<u>Choice #</u>
Monday	Men's	_____
Monday	Coed	_____
Tuesday	Men's	_____
Tuesday	Coed	_____
Wednesday	Men's	_____
Wednesday	Coed	_____
Thursday	Men's	_____
Thursday	Coed	_____

**REGISTRATION FEE:** \$335 per team +\$7.00 convenience fee when paying with a card (\$342.00)

**REGISTRATION BEGINS:** Monday - June 10, 2024 (*First come, first serve basis*)

**REGISTRATION DEADLINE:** Friday - July 26, 2024 There is limited space, spots will not be held and we will not accept late registrations, so make sure you sign up as soon as possible to ensure a spot.

**TO REGISTER:** Mail-in, email, or drop off completed **registration form & full registration fee** to the Byron Township Recreation Department (2120 76th Street, Byron Center, MI 49315.)

\*If mailing registration - please be sure to allow for the delay, we will not accept late registrations even if you mailed in before the deadline. Once received we will process and email you a copy of your receipt.

\*If emailing registration - please email your completed registration with payment information to Marty. If you want to pay over the phone, you must email the registration FIRST.

**GAMES WILL BEGIN:** Early/Mid-August 2024 \*depending on Summer 2024

6 games + post season tournament

**GAME TIMES:** 6:15pm, 7:15pm, 8:15pm

**Phone:** 616-878-1998 | **Email:** [marty@byrontownship.org](mailto:marty@byrontownship.org)

**Website:** [www.byrontownshiprec.org/softball](http://www.byrontownshiprec.org/softball)

**PLEASE FILL IN ALL THE INFORMATION BELOW COMPLETELY :**

Indicate if this is a Returning or New Team:                      Returning Team                      New Team

\*If returning, list your team name(s):                      Summer team 2024: \_\_\_\_\_

Please rank your team's ability on a scale of 1 to 3 (1 = above average, 2 = average, 3 = below average) in the following areas and then provide a short written summary of your rankings:

Hitting (including home run power and extra base potential)	1	2	3
Defense (infield and outfield)	1	2	3
Speed (offense and defense)	1	2	3
Overall Ranking	1	2	3

What is the average age of your team: \_\_\_\_\_ How long has your team been playing together: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ROSTERS ARE DUE:** By your teams **third** game. Otherwise, if you played Summer 2024 you can transfer your Summer 2024 roster. Please indicate below —

TRANSFER?

YES                      NO

**Statement of Acknowledgement:**

I agree to play by the rules, regulations, policies, and procedures of the Byron Township Recreation Department. I also agree to take the responsibility to inform all my players of the rules, regulations, policies and procedures. I understand that all players must be 18 years old or older.

\_\_\_\_\_  
Manager's or Team Representative's Name Printed

\_\_\_\_\_  
Manager's or Team Representative's Signature

Credit Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ CCV: \_\_\_\_\_

**OFFICE USE ONLY:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

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**Website:** [www.byrontownshiprec.org/softball](http://www.byrontownshiprec.org/softball)