

ANDERSON-DEAN PARK

1501 Louisville Road
Harrodsburg, KY 40330

Office: 859-734-9167 Fax: 859-733-9732 Email: mark@andersondeanpark.com

Softball League Registration Form

League: _____ Coaches Name: _____

Coaches Address: _____ City: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Team Name: _____

Spring: _____ Fall: _____

Amount Paid: _____ (Spring League \$320 per team) Date: _____

Team's will NOT be added to the game schedule if entry fee is not paid in full 2 weeks prior to start date.

Coaches Signature: _____

Pastor's Signature If Playing Church League: _____

Roster

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

11. _____ 12. _____

13. _____ 14. _____

15. _____ 16. _____

17. _____ 18. _____

19. _____ 20. _____