

FOOTHILLS PARK & RECREATION DISTRICT

ADULT SOFTBALL LEAGUES

SUMMER 2011

10-GAME SEASON + SINGLE ELIMINATION TOURNAMENT
• GAMES BEGIN WEEK OF MAY 1

GAME NIGHTS	CLEMENT	CLEMENT	CLEMENT	SAC	SAC	SAC
SUN	Coed DR	Men's DR	Men's DO	Coed E	Men's Afternoon DR** (NEW!)	Coed Afternoon DR** (NEW!)
MON	Coed DR	Coed DO	Men's DO	Men's DR	Women's Fast Pitch**	
TUE	Men's DR	Men's DO	Men's DC DH*	Coed DR	Men's DR (NEW!)	
WED	Men's DR	Men's DC	Coed DR (NEW!)			
THU	Coed DR	Men's DR DH* (NEW!)		Coed DC	Men's DR	Men's DO
FRI	Coed DR	Coed DC	Men's DC	Men's DR	Men's DO (NEW!)	

E (Very Recreational) • DR (Recreational) • DO (Open) • DC (Competitive) • DH (Double Header) • FP (Fast Pitch)



**FOR MORE INFORMATION
 OR TO REGISTER YOUR TEAM,
 CALL 303-409-2615
 OR EMAIL LINDSAYP@FHPRD.ORG.
 WWW.IFOOTHILLS.ORG**

FEE: \$640 Team Fee
 *\$1,120 DH Leagues
 **\$525 Fast Pitch & Sunday Afternoon leagues
 (**Leagues begin week of JUNE 5)

DEPOSIT: \$200 with registration form
 secures spot for team

DEADLINE TO REGISTER: FRI, APR 22
 or when leagues are full

MANAGERS MEETING:
 WED • APR 27 (6:30 p.m.)
 Ridge Recreation Center
 6613 S. Ward Street, Littleton, CO 80127
 303-409-2333

Foothills
 Park & Recreation District



Foothills
Park & Recreation District

Clement Park Athletics Office
Phone: 303-409-2615
Fax: 303-409-2630

TEAM REGISTRATION FORM

Registration code & date

DESIRED LEAGUE (Please circle all classifications):

Season: Winter Spring Summer Fall
Sport: Softball Basketball Volleyball Football
Location: Schaefer Athletic Complex Clement Park Ridge Lilley Gulch
Night: Mon Tue Wed Thu Fri Sun

LEAGUE AND DIVISION: _____
(ie. Coed E, Men's DR, Women's 3 vs 3)

Second choice if desired league is full: _____

TEAM NAME _____

MANAGER'S NAME _____ MAIN PHONE # _____

ADDRESS _____ 2ND DAY # _____

CITY _____ ZIP _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ MAIN PHONE # _____

EMAIL _____ 2ND DAY # _____

Did your team play in the Foothills league last year or last season? YES NO
If yes, what was the name of your team, if different than above? _____

Payment Type:
Cash \$ _____ Check # _____
Credit Card (VS, MC, DISC, AMEX) **Please call the Athletics office to give credit card number.**
Amount to be charged \$ _____

STAFF USE BELOW THIS LINE

AMOUNT	DATE	PAYMENT	INITIALS
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____
\$ _____	_____	_____	_____