

**FOOTHILLS PARK & RECREATION DISTRICT**

# ADULT SOFTBALL LEAGUES

## SPRING 2012

**6-GAME SEASON • GAMES BEGIN WEEK OF MAR 4**

<b>GAME NIGHTS</b>	<b>CLEMENT</b>	<b>CLEMENT</b>	<b>CLEMENT</b>	<b>SAC</b>	<b>SAC</b>
<b>SUN</b>	Men's DR	Men's DO <i><b>NEW!</b></i>	Coed DR		
<b>MON</b>	Coed DR	Men's DR <i><b>NEW!</b></i>			
<b>TUE</b>	Men's DR	Men's DC		Men's DR	Coed DR <i><b>NEW!</b></i>
<b>THU</b>	Men's DO	Coed DR			
<b>FRI</b>	Men's DC	Coed DR	Coed DC	Men's DR	Coed DR <i><b>NEW!</b></i>

**DC (Competitive) • DO (Open) • DR (Recreational)**



**FEE:** \$350 Team Fee

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

**DEADLINE TO REGISTER:** FRI, FEB 24, 2012  
(or when full – max 7 teams per league)

**MANAGER'S OPEN HOUSE:** THU, MAR 1 (5-7 p.m.)  
**LOCATION:** Clement Park Sports Office  
7306 W. Bowles Ave, Littleton

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

  
**Foothills**  
Park & Recreation District



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**Clement Park Athletics Office**  
7306 W Bowles Ave  
Littleton, CO 80123  
Phone: 303-409-2615  
Fax: 303-409-2630

**Foothills Sports Arena**  
3608 S Kipling Pkwy  
Denver, CO 80235  
Phone: 303-409-2444  
Fax: 303-409-2440

# TEAM REGISTRATION FORM

*Please Note: Foothills Park & Recreation District is in compliance with the Jake Snakenberg Youth Concussion Act, which requires a youth player (ages 19 and younger) to be removed from play if a concussion is suspected and can only return to play with medical authorization.*

**DESIRED LEAGUE** (Please circle all classifications):

<b>Season:</b>	Winter	Spring	Summer	Fall	<b>Foothills ID number</b>	
<b>Sport:</b>	Softball	Basketball	Volleyball	Soccer	Flag Football	
<b>Location:</b>	Easton Regional Park	Lilley Gulch Recreation Center	Foothills Sports Arena	Schaefer Athletic Complex	Ridge Recreation Center	
<b>Night:</b>	Sun	Mon	Tue	Wed	Thu	Fri

**LEAGUE AND DIVISION:** \_\_\_\_\_  
(ie. Coed Comp, Men's Comp, Coed Open, Coed Rec)

Second choice if desired league is full: \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

\*\*\*\*\*

ASSISTANT MANAGER'S NAME \_\_\_\_\_ MAIN PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_ 2<sup>ND</sup> DAY # \_\_\_\_\_

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

Cash, Check with ID, Credit Card (VS, MC, DISC, AMEX) **Please call the Athletic Office or Foothills Sports Arena to give credit card number.** Amount to be charged \$ \_\_\_\_\_

**STAFF USE BELOW THIS LINE**

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