

Adult Softball Leagues Summer 2021

Play at the best lit fields, greenest outfields & best groomed batters boxes/infields!

Season Starts Week of MAY 23, 2021

NIGHT	LEAGUE	COMPLEX	FEE	# of GAMES
Sunday	Co-Rec D, Men's D-Rec	Clement Park	\$660	10 + Playoffs
Monday	Co-Rec D, Men's D-Rec Lower, Men's D-Rec	Clement Park	\$660	10 + Playoffs
Monday	Men's D-Rec Doubleheader	Schaefer Park	\$1200	20 + Playoffs
Tuesday	Co-Rec D, Men's D-Rec Lower, Men's D-Rec	Clement Park	\$660	10 + Playoffs
Wednesday	Co-Rec D, Men's D-Rec Lower, Men's D-Rec	Clement Park	\$660	10 + Playoffs
Thursday	Men's D-Comp Doubleheader	Clement Park	\$1200	20 + Playoffs
Thursday	Co-Rec D, Men's D-Rec Lower, Men's D-Rec	Schaefer Park	\$660	10 + Playoffs
Friday	Co-Rec D Lower, Co-Rec D, Men's D-Rec	Clement Park	\$660	10 + Playoffs
Friday	Men's D-Rec Lower, Men's D-Rec	Schaefer Park	\$660	10 + Playoffs

FIELD LOCATIONS: Clement Park 7306 W. Bowles Ave. Littleton, CO 80123
Schaefer Park 9750 W. Hampden Ave. Denver, CO 80235

Team Registration Begins: MON, MAR 22, 2021

Deadline to Register: FRI, MAY 14, 2021 or when leagues are full.

A non-refundable deposit of \$200 is required at the time of registration in order to hold your team a spot in the league you would like to play in. All fees are due prior to the start of your third regular season game.

To register your team you can call Butch at 303-409-2615 or e-mail at breich@fhprd.org

Team registration form can be found at the following link:
www.foothills.org/adultsports





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

Foothills Fieldhouse
 3606 S. Independence St
 Denver, CO 80235
 Phone: 303-409-2372
 Phone: 303-409-2371

ADULT 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 select all classifications):

Season: Winter ___ Spring ___ Summer ___ Fall ___
Sport: Softball ___ Basketball ___ Volleyball ___ Soccer ___ Flag Football ___ Lacrosse ___ Disc Golf ___
Location: Easton Regional Park ___ Lilley Gulch Recreation Center ___ Ridge Recreation Center ___
 Foothills Sports Arena ___ Schaefer Athletic Complex ___ Clement Park ___ Foothills Fieldhouse ___
Night: SUN ___ MON ___ TUE ___ WED ___ THU ___ FRI ___

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

TEAM NAME _____

MANAGER'S NAME _____ **MAIN PHONE #** _____

ADDRESS _____ **2nd DAY #** _____

CITY _____ **ZIP** _____

EMAIL _____

ASSISTANT MANAGER'S NAME _____ **MAIN PHONE #** _____

EMAIL _____ **2nd DAY #** _____

STAFF USE BELOW THIS LINE

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