

**SCHILLER PARK RECREATION DEPARTMENT
LEAGUE INFORMATION ENTRY FORM**

Date: _____

Current Team Name: _____

Prior Team Name: _____

LEAGUE INTERESTED: (PLEASE CHECK)

- | | |
|--|--|
| _____ Men's "A" Fall Softball Tues/Thurs | _____ Co-ed Mushball-Friday __ Wed __ |
| _____ Men's "B" Fall Softball Mon/Wed | _____ Men's 6'4 & Under Basketball |
| _____ <u>Men's "B" Summer Softball</u> | _____ Wednesday Co-ed Volleyball |
| _____ Monday/Wednesday | _____ Co-ed Sand Tuesday (4 on 4) Volleyball |
| _____ Tuesday/Thursday | _____ Co-ed Sand Wednesday Volleyball |
| | _____ Women's 16" Softball |

MANAGER'S NAME: _____ **D.O.B** _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____

TEAM CONTACT/ASSISTANT MANAGER:

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail: _____

COMMENTS:
