

Adult Softball Late Summer Registration:

Team Name: _____

League Night: _____

Already USSSA Sanctioned: _____ **Yes** _____ **No**

Team Manager:(Person responsible for team, name on Schedules & information sent to):

Name: _____

Manager's address: _____

Zip Code: _____ Phone number: _____

Cell Phone: _____ Email: _____

Manager's Signature

Person responsible for payment of league fees if different then manager:

Name: _____

Address: _____

Zip Code: _____ Phone number: _____

Signature: _____ Date: _____

Responsible Party's Signature

Make Checks Payable to: NTPRD