



Softball Registration Form
City of Wichita
Department of Park & Recreation



League Entering: (circle one) Spring Summer Fall

(circle one) Men Women Coed

League _____
(from playing location form)

Team Name: _____

Manager's Name: _____

Address: _____ **City:** _____ **Zip** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____