

Richfield Recreation Services

2010 Softball Registration

Manager's Name: _____ New Team ? : _____

Manager's Phone Number: Work: _____ Cell: _____

Home: _____

Manager's Address: _____

City: _____ Zip: _____

Manager's e-mail Address: _____

Alternate Contact Name: _____

Alternate Phone: Day: _____ Evening: _____

Team Name: _____ Classification: _____

League Course Number: _____ League Fee: _____

Resident or Non-Resident: _____ League Night of Play: _____

My signature confirms that the above league information is correct.

Manager's signature: _____

Make checks payable to: **City of Richfield**
Submit to: **7000 Nicollet Avenue South, Richfield MN 55423**

Office Hours

Monday – Friday 8:30 a.m. – 5:00 p.m.
Office 612-861-9385 Fax 612-861-9388
dweseloh@cityofrichfield.org

Payment Type

Credit Card Number: _____ Exp. Date: _____

Check Number: _____ Cash: _____ Date: _____

Payment Amount: _____ Balance Due by 4/9/10: _____