

**Manager's Contract
2019 Summer Softball Season**

League Night _____ Division _____

Please print all information:

TEAM NAME _____ (Name in 2018-if different) _____

MANAGER'S NAME _____

MANAGER'S ADDRESS _____
STREET CITY ZIP

Manager's Home Phone (____) _____ Work Phone (____) _____

Fax Number (____) _____ email address _____

May you receive calls at work? ____ Yes ____ No

ALTERNATE MANAGER'S NAME _____

ADDRESS _____
STREET CITY ZIP

Home Phone (____) _____ Work Phone (____) _____

Fax Number (____) _____ email address _____

May you receive calls at work? ____ Yes ____ No

SPONSOR'S NAME (Individual – if applicable) _____

Address _____
STREET CITY ZIP

I, the above named manager, agree to acquaint myself and the members of the aforementioned team with all rules and regulations of the Greendale Park and Recreation Department's softball program and to assure that we abide by the same. I also understand that the Department has authority to assign all teams to leagues.

Manager's Signature

Date

If there are only 4 (four) teams registered for our league, our team would...

_____ still like to play the season.

_____ want a refund and are not interested in playing this season.

Our team is unable to play on _____ during our regular season...please provide a bye.

We have college students and request to start our league play on _____.