



Greendale Park and Recreation Department
5647 Broad Street
Greendale, WI 53129
(414) 423-2790

MANAGER'S CONTRACT 2024 SOFTBALL SEASON

PLEASE PRINT ALL INFORMATION:

LEAGUE NIGHT: THURSDAY

DIVISION: MEN'S

TEAM NAME: _____

Name in 2023 (if different): _____

MANAGER'S NAME: _____

MANAGER'S ADDRESS

STREET CITY ZIP

Cell Phone: _____

Alternate Phone: _____

Email address: _____

ALTERNATE MANAGER'S NAME: _____

ALTERNATE MANAGER'S ADDRESS

STREET CITY ZIP

Cell Phone: _____

Alternate Phone: _____

Email address: _____

SPONSOR'S NAME (Individual – if applicable): _____

SPONSOR'S 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: _____