



Twin Creeks Sports Complex ADULT SLOW PITCH SOFTBALL

TEAM # _____
(for Office Use)

E-MAIL ADDRESS _____
An E-mail address is Mandatory for Updates and Information

TEAM NAME _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

FAX NUMBER (____) _____



2012 SPRING SEASON

CHOICE OF NIGHT (Check One)

2ND CHOICE OF NIGHT
MON TUE WED THU FRI _____
Please Print

(Save \$100 with Super-Saver * Save \$50 with Early)

Monday thru Friday Leagues
10-GAME Season
ALL Teams Make Playoffs

GAME TIMES (Check One)

5:30 LEAGUE (All Games 5:30) ROTATIONAL (6:40, 7:50, 9:00, 10:10 Game Times)

CLASSIFICATION (Check One)

Men's Coed (5 Men, 5 Women) Corporate Coed (7 Men, 3 Women)

LEVEL OF PLAY (Check One)

C D Novice Corporate Coed, Lower (7 Men, 3 Women) Corporate Coed, Upper (7 Men, 3 Women)

LEAGUES Rotational Leagues & 5:30 Leagues

SUPER-SAVER Fee: \$575 Signup: NOW thru DEC. 31
(SAVE \$100)

EARLY REG. Fee: \$625 Signup: JAN. 1 thru FEB. 3
(SAVE \$50)

LATE REG. Fee: \$675 Signup: FEB. 4 thru Deadline

Walk In

Register at Twin Creeks in the Sports Office.
Office Hours: 4:30 pm - 9 pm, Tue - Fri.
Cash, Check, VISA or MasterCard only.

Mail In

Complete attached Registration Form and Mail in to:
Twin Creeks Sports Complex
989 Caribbean Dr.
Sunnyvale, CA 94089
Attn: League Registration

Phone In

408-734-0888, ext. 120
Phone Hours: 2 pm - 9 pm
Please have Credit Card # available, along with your League, Level and Classification ready.

Fax In

408-734-0304
Fax Any Time
Register using the form included, and then Fax it in. Please write in Credit Card # and Expiration Date on Registration Form.

Note: There will be an additional fee of \$50 for each special scheduling request if granted. Returned checks will be subject to a \$30 Service Charge.

Please Note: Your team's league reservation will not be guaranteed until FULL payment is received.

PLEASE MAKE CHECKS PAYABLE TO **Global Sports Twin Creeks**.
CREDIT CARD ORDERS ACCEPTED. MAIL OR FAX COMPLETED FORMS WITH PAYMENT TO:

Twin Creeks - League Registration
969 CARIBBEAN DRIVE
SUNNYVALE, CA 94089

Phone: 408.734.0888 * Fax: 408.734.0304 * www.twin-creeks.com

Please Circle Method of Payment: CHECK VISA MASTERCARD Expiration Date on Card ____/____

Amount Enclosed: LEAGUE \$ _____

\$ _____ MAY BE CHARGED TO THE CREDIT CARD # ABOVE

SIGNATURE _____
Signature must match name on credit card

I understand and agree to the following: My team is required to pay a \$15.00 per game per team fee to the umpire. I understand that there is a \$50 forfeit fee for each game forfeited by my team. (Forfeit fee must be paid prior to next game.) All make-up games are subject to be played at GLOBAL SPORTS TWIN CREEKS' discretion. Under no circumstances will a refund be given if I should withdraw my team for any reason. I understand that the gate fee is now \$3.00 and will communicate this to all team members and spectators. This form is correct.

Signature _____ Date _____

Credit Card Billing Address (Mandatory)

Name _____
Address _____
City _____ State ____ ZIP _____