



Global Sports 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 (____) _____

Pitchers 2010 SPRING SOFTBALL SEASON Sports Bar

CHOICE OF NIGHT (Please Circle)

MON (save \$50 w/ Early)	TUE (save \$50 w/ Early)	WED (save \$50 w/ Early)	THU (save \$50 w/ Early)	FRI (save \$50 w/ Early)
2 ND CHOICE OF NIGHT _____			Please Print	

GAME TIMES (Please Circle)

5:30 LEAGUE (All Games 5:30)	ROTATIONAL (6:40, 7:50, 9:00 10:10 Game Times)
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LEVEL OF PLAY (Please Circle)

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

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

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 _____

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 ____/____

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Amount Enclosed: LEAGUE \$ _____ | \$ _____ MAY BE CHARGED TO THE CREDIT CARD # ABOVE

SIGNATURE _____
Signature must match name on credit card

Credit Card Billing Address (Mandatory)
Name _____
Address _____
City _____ State ____ ZIP _____