



ADULT TEAM ENTRY FORM

City of Monroe Recreation Department

120 East First Street Monroe, MI 48161 Phone 734-384-9156, recreation@monroemi.gov, TDD: 243-2338

Date _____ **Softball:** (Please circle): Men Women Coed 16"

Volleyball (Please circle): Men Women Coed Open 4 on 4

Division Request (Please circle) I (strongest), II, III, IV (weakest)

Night Preferred (Number in order of preference) MON TUES WED THUR FRI SAT SUN

Team Name _____

Sponsor Name _____

Manager's Name _____

Manager's Address _____ City _____ Zip _____

Manager's Phone Number (Day) _____ Evening _____

E-Mail _____

Please note: Future information will be given out via e-mail only. Please provide us with an e-mail address.

If team played in Monroe leagues last year, what name did it play under? _____

If team played in Monroe leagues last year, would you like to (circle one) Move up Move down Remain in same league

If team is new to Monroe leagues indicate number of players who played in High School _____ College _____ Other Leagues _____

In order to group teams of similar skills in each league, please provide as much information as possible about your team's skill level.

Please list any special requests regarding game time, etc. _____

The information I have provided is true and correct. As the team manager or team representative, I agree to forward all necessary league information, rules, bylaws, etc. to my team members.

Signature of Team Manager or Representative _____ Date _____

OFFICE USE ONLY: Date _____ Invoice# _____ Total Paid _____ Initials _____