



Brookfield Parks, Recreation & Forestry Department

Adult Softball Team Entry Form 2019

Team Name (Print) _____

Sponsor _____

Previous Year Sponsor _____

Team Status: (one) Returning Team New Team Company Team

Returning Teams Only: (one) Stronger Same Weaker

Manager _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Bus.Phone _____ Cell Phone _____

Co-Manager _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone _____ Bus.Phone _____ Cell Phone _____

LEAGUE DESIRED: (one) Men's C Men's 35+ Women's Coed

NIGHT: (one) Mon Tue Wed Thu

LEAGUE LAST YEAR: (one) Men's C Men's 35+ Women's Coed

NIGHT: (one) Mon Tue Wed Thu

Comments/ Requests for BYE weeks: _____

Please list team roster on other side

For Office Use Only:			
Team Franchise Fee:		= \$175	
Player Fees:	Res _____ @ \$20	= _____	
Player Fees:	Non-Res _____ @ \$40	= _____	
Total Fees:		= _____	
	Date _____		

Tentative Roster	R	N
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Tentative Roster	R	N
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Resident Status Codes:

R = Resident of the City of Brookfield

N = All Non-residents of Brookfield