



CITY OF BROOKFIELD PARKS, RECREATIONS & FORESTRY DEPARTMENT

Adult Softball Team Entry Form– 2022

Team Name: (Print) _____

Team Status: Returning Team New Team

Manager _____ Email _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone Carrier _____

Co-Manager _____ Email _____

Address _____ City _____ Zip _____

Phone _____ Cell Phone Carrier _____

By providing your cellphone carrier you agree to receive text messages

LEAGUE DESIRED: (choose one)

Monday Men's 35+years

Tuesday Women's

Wednesday Coed

Thursday Men's C-1

Thursday Men's C-2

Thursday Men's C-3

Comments/Schedule Requests: _____

FEES

Returning Team and New Resident Team Fee: \$600.00

Non-Resident Team Fee: \$650.00

Please list team roster on the other side

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

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

Resident Status Codes:

R = Resident of the City of Brookfield

N = All Non-residents of Brookfield