

2025 OFFICIAL ADULT FALL SOFTBALL TEAM ENTRY CONTRACT

A. Team Name

Our group wishes to enter a team to be known as: _____ in the league.
(print team name)

B. League

Please check which league your team would like to be in:

<u>Men - Saratoga</u>	<u>Co-ed Softball</u> <u>(Saratoga)</u>
<input type="checkbox"/> Monday Fall September 8 – October 6	<input type="checkbox"/> Monday Fall Co-ed September 8 – October 6
<input type="checkbox"/> Tuesday Fall September 2 – September 30	
<input type="checkbox"/> Wednesday Fall September 3 – October 1	

****NOTE: Team Fee MUST accompany this contract.**

Checks can be made payable to: WPRF

WPRF also accepts all major credit cards and cash.

C. Team Sponsor

To be accepted, this part MUST be completed and signed by the team sponsor.

Sponsor's Name (please print): _____

Sponsor's Signature: _____

Business Address: _____

City: _____ Zip: _____

Business Phone: _____ Home Phone: _____

I, the sponsor, do hereby appoint: *(Person listed as manager must be a registered player with the team listed above.)*

D. Team Manager

Manager's Name (please print): _____

Manager's Signature: _____

Home Address: _____

City: _____ Zip: _____ Date of Birth: _____

Business Phone: _____ Home Phone: _____

Email Address: _____

****Make-up games will be sent via email only. Please use an email you check regularly.**



****OFFICE USE ONLY!**

TEAM ENTRY & REGISTRATION FEE:

Receipt #: _____
Amount: _____
Date: _____
Initials: _____



2025 Adult Fall Softball

A. Team Entry Fee (tax included)

\$310 100% City of Waukesha Residence Team
\$410 Non-Resident Team

Adult Softball Facility Improvement Fund

Please consider a donation to the Adult Softball Facility Improvement Fund.

1. This fund is a voluntary/optional method to help improve our softball facilities.
2. Unused funds will "carry over" from year to year.
3. Monies collected will benefit small/midsize adult softball facility improvements. (i.e. scoreboards, dugouts, sound system, etc.)
4. Contributions may be paid with your softball fees or at the WPRF Office by Cash, Credit Card or Check.

Comments/Ideas Welcomed: _____

Contribution: ☐ \$25 ☐ \$50 ☐ \$100 ☐ other \$ _____

Thank you for your contribution!

➡ Contract on reverse side