



**SANTA MONICA ADULT SOFTBALL
LEAGUES- Summer/Fall 2025
Team Registration Form**

Team Name: _____
(Team name should not be offensive to youth)

Team Manager Name: _____

Address: _____

Eve Ph: _____ Day Ph: _____ Cell Ph: _____

Email Address: _____

Team Fees and Make-Up (not including the \$20 per game for the umpire)

Coed Weekday Leagues- SUNDAYS (Day) & MONDAY & THURSDAY(Night)

12 Game Season - Maximum of 15 Players on Each Team

\$477 At least 60% players must be residents to be considered a priority one team.

\$548 At least 60% players must be residents and/or people who work in Santa Monica to be considered a priority two team.

\$617 All other teams are considered priority three teams.

Men's Leagues- Sunday(Big Ball), Tuesday – Thursday Evenings

12 Game Season - Maximum of 15 Players on Each Team

\$500 At least 60% players must be residents to be considered at priority one team.

\$579 At least 60% players must be residents and/or people who work in Santa Monica to be considered a priority two team.

\$648 All other teams are considered a priority three team.

Check League Category & Level (C+= advanced, C/D- Intermediate/beginner)

Co-ed Leagues

Monday Night Coed League: C ☐ C - ☐ D ☐

Sunday Day Coed League: C ☐ D ☐ F ☐

Thursday Night Coed League: C/D ☐

Men's Leagues

Tuesday Men's League: C+ ☐ C ☐ D ☐

Wednesday Men's League: C+ ☐ C ☐ D ☐

Thursday Men's League: C+ ☐ C ☐ D ☐

Sunday Men's Big Ball 16" C ☐ D ☐



**SANTA MONICA ADULT SOFTBALL
LEAGUES- SUMMER/FALL 2025
Team Payment Form**

Team Name: _____
(Team name should not be offensive to youth)

Team Manager Name: _____

Fee Amount Enclosed \$ _____

Payment Method ☐ Check – Make check payable to *City of Santa Monica*

Credit Card : ☐ American Express ☐ MasterCard ☐ Visa ☐ Discover

NOTE – there is a 2.95% convenience charge added to the fee when paying with a credit card

Name on Card: _____

Card Number: _____/_____/_____/_____

Card Expiration Date: _____ CVV: _____

Card Holder Signature: _____

Forfeit Payment: Each forfeit requires a \$40 payment to league director
Send to: Community Recreation Office, 1401 Olympic Blvd., Santa Monica, CA 90404 or
e-mail: Eric.Johnson@santamonica.gov

City Use Only Date Received: _____ By: _____

Registration Payment Received \$ _____ Payment Bond Received \$ _____



Adult Softball Leagues Team Roster

Team Name: _____

(Team name should not be offensive to youth)

Team Roster

Name	SM Resident	Work in SM	Non-Resident
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A maximum of 15 players are allowed for each team at any time.
Each player must sign the Game Day Waiver/Line-up Card

City Use Only Date Received: _____ By: _____
of Residents: _____ # of NR who work in SM: _____ # Others: _____
Proof of Residency and Employment Received? _____ Priority Level: ☐ 1 ☐ 2 ☐ 3
Release of Liability Forms Received on All Players? _____