



FALL SOFTBALL

2023 LEAGUE REGISTRATION



Team Status

- New
- Returning
- Last Fall's Team Name

Team Name _____
 (as you want it to appear on the schedule - Only 20 spaces)

Manager's Name _____
 Required

Email Address: _____
 Required

Phone Number: _____

Mailing Address: _____

My Team Should be Sanctioned USSSA			
Men's	C	D	E
Women's	C	D	E
Co-Rec	Competitive	Recreation	

City _____ Zip _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Men's D 1 \$535	Men's D 1 \$535	Men's D 1 \$535	Women's D \$535	Men's D 1 \$535	Co-Rec D 1 \$535
Men's D 2 \$535	Men's D 2 \$535	Men's Rec 1 \$535	Women's Rec \$535	Men's Rec 1 \$535	Co-Rec D 2 \$535
Co-Rec D 1 \$535	Men's 5X5X5 \$360	Men's Rec 2 \$535	Men's D \$535	Men's Rec 2 \$535	Co-Rec D 3 \$535
Co-Rec D 2 \$535	Kittenball \$400	Men's 5X5X5 \$360	Kittenball \$400	Men's Rec 3 \$535	Co-Rec 5X5X5 \$360
Kittenball \$400		Kittenball \$400		Kittenball \$400	Kittenball \$400

SELECT A LEAGUE: Please write the night of play and level of play for up to three choices listed above.

First Choice

Second Choice

Third Choice

Manager Signature _____

League Fee from above \$

Office Only _____ CC _____ Check _____ Payment Amount _____
 Date Received _____ Time Received _____ Received By _____

Make checks payable to:
 City of Burnsville

Submit payment and form to:
 City of Burnsville
 Attn: Scott Heitkamp - Softball
 100 Civic Center Parkway
 Burnsville, MN 55337

Credit Card Payment
 Credit card registration can be completed by emailing this form and then calling 952-895-4500 to process the payment.