



Global Sports Twin Creeks Sports Complex ADULT SLOW PITCH SOFTBALL

TEAM # _____
(for Office Use)

E-MAIL ADDRESS _____
An E-mail address is Mandatory for Updates and Information

TEAM NAME _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

FAX NUMBER (____) _____

Pitchers Sports Bar 2008 SPRING SOFTBALL SEASON

CHOICE OF NIGHT (Please Circle)

MON
(save \$100 w/ SUPER-SAVER)
(save \$50 w/ Early)

TUE
(save \$100 w/ SUPER-SAVER)
(save \$50 w/ Early)

WED
(save \$100 w/ SUPER-SAVER)
(save \$50 w/ Early)

THU
(save \$100 w/ SUPER-SAVER)
(save \$50 w/ Early)

FRI
(save \$100 w/ SUPER-SAVER)
(save \$50 w/ Early)

2ND CHOICE OF NIGHT _____ Please Print

GAME TIMES (Please Circle)

5:30 LEAGUE
(All Games 5:30)

ROTATIONAL
(6:40, 7:50, 9:00, 10:10 Game Times)

LEVEL OF PLAY (Please Circle)

DD

D

Novice

Corporate Coed, Lower
(7 Men, 3 Women)

Corporate Coed, Upper
(7 Men, 3 Women)

CLASSIFICATION (Please Circle)

Men's

Coed
(5 Men, 5 Women)

Corporate Coed
(7 Men, 3 Women)

Note: There will be an additional fee of \$75 for each special scheduling request if granted. Returned checks will be subject to a \$30 Service Charge.

Please Note: Your team's league reservation will not be guaranteed until FULL payment is received.

I understand and agree to the following: My team is required to pay a \$15.00 per game per team fee to the umpire. I understand that there is a **\$50 forfeit fee** for each game forfeited by my team. (Forfeit fee must be paid prior to next game.) All make-up games are subject to be played at GLOBAL SPORTS TWIN CREEKS' discretion. Under no circumstances will a refund be given if I should withdraw my team for any reason. This form is correct.

Signature _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO **Global Sports Twin Creeks**.

CREDIT CARD ORDERS ACCEPTED. MAIL OR FAX COMPLETED FORMS WITH PAYMENT TO:

GS Twin Creeks – League Registration
969 CARIBBEAN DRIVE
SUNNYVALE, CA 94089

League	SUPER-SAVER	EARLY	LATE
Monday thru Thursday	\$595 (Save \$100)	\$645 (Save \$50)	\$695
Friday - Early Signup Special	\$545 (Save \$100)	\$595 (Save \$50)	\$645

Phone: 408.734.0888 * Fax: 408.734.0304 * www.twin-creeks.com

Please Circle Method of Payment: CHECK VISA MASTERCARD Expiration Date on Card ____/____

Amount Enclosed: LEAGUE \$ _____ | \$ _____ MAY BE CHARGED TO THE CREDIT CARD # ABOVE

SIGNATURE _____
Signature must match name on credit card

Credit Card Billing Address (Mandatory)
Name _____
Address _____
City _____ State ____ ZIP _____