Lombard Park District Team Application Form League: 2021 Adult Softball

301200-01 Su Coed 301200-03 Th Coed 301200-06 Tu Coed	12"	301200-07 Su Men 1 _301200-08 Mon Men _301200-09 Tu Men 1 _301200-10 Wed Men _301200-11 Mon Men	n 12" A 16" n 12"A	3012 3012	200-12 Wed Men 12"B 200-13 Th Men 12" B 200-14 Fri Men 12"C 200-17 Fri Men 12"B	
Team Name:						
Captain Name:						
Address:						
City:				Zip:		
Phone:(H)						
E-mail Address:						
Fee, Circle One: Resident Team \$625 No.			Non Res	n Resident Team \$725		
card #. If full pa	yment is not re	hold a spot in the leaceived by August 9, 2 hose credit card is de	2021, the cre	dit card	will be charged the	
	-residents consti				residents on the roster. residency will need to	
Fax to 630-620-0	762, or brough		oll Recreatio	n Cente	n <mark>@lombardparks.com</mark> r – 820 S. Finley Rd. n Ave. Lombard, IL	
Credit Card # (Visa, MC	, Discover)		C	VV:	EXP:	
Signature:						
CHK #						
Amount Received:						
Amount Received:	Date:	Staff initials:				