

**City of Tempe  
Parks and Recreation  
[www.tempe.gov/sports/adult](http://www.tempe.gov/sports/adult)**

**ADULT SOFTBALL  
MANAGER'S PACKET  
FALL 2008  
REGISTRATION**



**Registration Starts – August 11<sup>th</sup>  
Fall League Starts – September 3<sup>rd</sup>**

**TEMPE PARKS AND RECREATION**  
**Fall 2008 SLOW-PITCH SOFTBALL PROGRAM**  
**MEN'S & CO-REC**  
[www.tempe.gov/sports/adult](http://www.tempe.gov/sports/adult)

**REGISTRATION INFORMATION**

**ENTRY FEE:**            Men's - \$532                            Co-Rec - \$326

**Personal checks will not be accepted.** Business checks, cashier checks, or money orders that are made payable to the **City of Tempe** will be accepted. If you are paying with a credit or debit card we currently accept VISA, MASTERCARD, DISCOVER, and AMERICAN EXPRESS. The entry fee covers each teams cost for umpires, site supervisors, softballs, awards, lights and administrative staff.

**BUSINESS SPONSORSHIP:** Teams sponsored by a Tempe business must pay with a company check or company credit card at the time of registration. **There will be no exceptions to this policy.**

**REGISTRATION PROCEDURE**

Registration will be accepted on the dates listed below in the Tempe Parks and Recreation office 3500 S. Rural Rd. (second floor – Tempe Library). **Faxed registrations will not be accepted.**

**REGISTRATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY:**

1. The Team roster form filled out in its entirety.
2. An accepted method of payment listed previously in this document.

**Parks and Recreation Staff will review registration materials during the registration process. Those teams with incomplete or unsatisfactory registration material will not be allowed to register until the required information is provided.**

**The registration dates for the 2008 season are:**

<b>August 11<sup>th</sup></b>	<b>Monday</b>	<b>8 AM - 5 PM</b>	Teams that attended the organizational meeting and are sponsored by a Tempe business. <i>OR</i> Teams that attended an organizational meeting with rosters comprised of 33% or more Tempe residents.
<b>August 12<sup>th</sup></b>	<b>Tuesday</b>	<b>8 AM – 10 AM</b>	Teams that attended an organizational meeting and are returning from a previous season.
<b>August 12<sup>th</sup></b>	<b>Tuesday</b>	<b>10 AM – 5 PM</b>	Teams that attended an organizational meeting.
<b>August 13<sup>th</sup></b>	<b>Wednesday</b>	<b>8 AM – 5 PM</b>	All other teams until all leagues are filled.

**LEAGUE SCHEDULE:** The season will start Wednesday, September 3<sup>rd</sup>. Co-Rec leagues will play one game per week for seven weeks with an additional post-season single elimination tournament.

Men's leagues will play two games per night for six weeks and conclude with a two game minimum tournament.

**TEAM ROSTER:** The key to successful roster preparation is to include on your *initial* roster those players that will make up the core majority of your team. Please carefully review the following information:

All players must be at least 18 years of age prior to participating. Team rosters may not contain less than **twelve (12) or more than twenty (20) players**. The fully completed and current roster (names, addresses and phone numbers) must be submitted at the time of registration.

**Roster revisions will be limited to changes/additions resulting in no more than six (6) new players added to the roster over the course of the entire season.**

**ALL ROSTER CHANGES MUST BE DONE AT THE FIELD OF PLAY.**

## **GENERAL INFORMATION**

**INSURANCE:** The City of Tempe does not provide individual accident insurance for any league participants. Each player is responsible for his/her own medical insurance coverage. Tempe Parks and Recreation urges all coaches and players that have an accident or injury situation to report it to the game umpire or field supervisor immediately. This is so the appropriate course of action may be taken right away.

**LOST OR STOLEN ITEMS:** Tempe Parks and Recreation is not responsible for lost or stolen items. Check with the site supervisor ASAP if you notice anything being lost or stolen.

**Never leave or hide valuables in your vehicle!!! Take them with you when you get to the field.**

Please refer to the web site [www.tempe.gov/sports/adult](http://www.tempe.gov/sports/adult) for current information on the Tempe Parks and Recreation adult sports programs. You can find regular postings of league and tournament schedules, standings, and any up to the minute news that is available.

### **RECREATION STAFF:**

Richard King

Sr. Recreation Coordinator

[richard\\_king@tempe.gov](mailto:richard_king@tempe.gov)

480-350-5249

**CITY OF TEMPE  
PARKS & RECREATION  
ADULT SPORTS  
TEAM SPONSORSHIP APPLICATION**

SPORT \_\_\_\_\_

SEASON: \_\_\_\_\_ FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER \_\_\_\_\_ YEAR \_\_\_\_\_

SPONSORING BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF EMPLOYEES \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

BUSINESS CONTACT PERSON \_\_\_\_\_

TITLE OF CONTACT PERSON \_\_\_\_\_

IF THE BUSINESS NAME DOES NOT READILY EXPLAIN THE NATURE OF THE BUSINESS  
PLEASE DO SO NOW \_\_\_\_\_

\_\_\_\_\_

BUSINESS CONTACT SIGNATURE \_\_\_\_\_

TEAM NAME \_\_\_\_\_

TEAM MANAGER \_\_\_\_\_ PHONE \_\_\_\_\_

**Please Print and use black or blue ink Only.**

Fill out the form completely. Give as much background as possible about your team. Approach the Registration Form with the thought that Tempe Parks and Recreation does not know your team.

Team Name \_\_\_\_\_

Former Team Name \_\_\_\_\_

Manager \_\_\_\_\_

Address \_\_\_\_\_ APT # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (FAX) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

**Day of Play:** Please rank the days below according to your preference. *Note:* you may not get your first choice so be prepared to play another night.

Men's 12" Doubleheader: \_\_\_\_\_Monday \_\_\_\_\_Tuesday \_\_\_\_\_Wednesday \_\_\_\_\_Thursday

Co-Rec: \_\_\_\_\_Friday \_\_\_\_\_Sunday

**Teams with previous Tempe experience please answer the following. This information is important!**

Summer 2008 Record \_\_\_\_\_Field \_\_\_DNE DSE DNW DSW KNE KSE KNW KSW

Spring 2008 Record \_\_\_\_\_Field \_\_\_DNE DSE DNW DSW KNE KSE KNW KSW

Fall 2007 Record \_\_\_\_\_Field \_\_\_DNE DSE DNW DSW KNE KSE KNW KSW

Have you been playing in another city? What city? \_\_\_\_\_ Under what classification? \_\_\_\_\_

What was your record? \_\_\_\_\_

**The average estimated age of our team is:**

20 – 25 \_\_\_\_\_

30 – 35 \_\_\_\_\_

25 –30 \_\_\_\_\_

35 Plus \_\_\_\_\_

*New Teams or Teams from Other Valley Cities*

Mark your **CLASSIFICATION**

\_\_\_\_\_ **B** \_\_\_\_\_ **D** \_\_\_\_\_ **D (Upper)**

\_\_\_\_\_ **C** \_\_\_\_\_ **D (Lower)** \_\_\_\_\_ **E**

Are you a newly formed team? If yes, why have you requested the above classification? \_\_\_\_\_

Are there any other teams you want to be in the same league with? If yes, who? \_\_\_\_\_

**Please understand that once the team registers no refunds are available unless the league is cancelled.**

**FOR STAFF USE ONLY**

ENTRY FEE: \_\_\_\_\_ PAID BY: \_\_\_\_\_ STAFF: \_\_\_\_\_

**Please print all information.**

**Use Black Ink (ONLY).**

City of Tempe Parks and Recreation  
Sports League Registration / Roster Form

TEAM NAME: \_\_\_\_\_

MANAGER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**FALL ADULT SOFTBALL 2008**

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance." **COMPLETED CURRENT ROSTER DUE WHEN FEE IS PAID, NO EXCEPTIONS.** Rosters must be filled out completely with the address and phone number of each player. Roster will be checked for validity. Rosters that do not contain complete address and phone numbers of players will not be considered for league entry. As the representative of my team I have read and agree to all the rules and regulations of the Tempe Softball League, and verify to the best of my knowledge information given on this form is true and accurate.

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Team Roster: Name**

**Address**

**City**

**Zip**

**Home phone**

**Work Phone**

1) Manager:					
2) Asst. Manager:					
3)					
4					
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