

# 2010 DGAL SOFTBALL REGISTRATION FORM

Please Print Clearly

*\* = REQUIRED INFORMATION*

## ***PARENT/GUARDIAN INFORMATION***

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\*Guardian 1: \_\_\_\_\_

Guardian 2: \_\_\_\_\_

\*Guardian 1 Occupation: \_\_\_\_\_

Guardian 2 Occupation: \_\_\_\_\_

\*Adress: \_\_\_\_\_

City / Zip: \_\_\_\_\_

\*Telephone (home): \_\_\_\_\_

Telephone (cell): \_\_\_\_\_

\*E-mail: \_\_\_\_\_

## ***PLAYER INFORMATION***

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\*Name: \_\_\_\_\_

\*D.O.B: \_\_\_\_\_

\*School: \_\_\_\_\_

\*Grade: \_\_\_\_\_

## ***OPTIONAL INFORMATION***

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**Do you know of a business willing to sponsor a team?**

Name of Sponsor: \_\_\_\_\_

Phone#: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

**DGAL is a non-profit organization that needs everyone's help to be successful. Please check off any areas that you feel you would be able to contribute to the organization for the benefit of your child and all the girls of DGAL.**

Coach \_\_\_ Assistant Coach \_\_\_ Team Parent \_\_\_ Fundraising \_\_\_ Board Member \_\_\_ Team Scorer \_\_\_

## **DGAL USE ONLY:**

CASH \_\_\_ CHECK \_\_\_ CHECK # \_\_\_\_\_ REC'D By: \_\_\_\_\_

AMOUNT DUE: \$ \_\_\_\_\_