



2011 Summer Softball - \$450 per Team

Men's Division **Co-Ed Division**

TEAM NAME _____

NAME (MANAGER) _____

PHONE (DAY) _____ (EVENING) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

RELEASE OF LIABILITY

As a participant, in signing this form, I hereby waive and release the City of Margate, and all other participants from all claims and/or damage incurred in connection with above said Softball League.

_____ Date _____
Participant Signature

(Office Use Only)

Payment Type:

Cash Check Credit

Amount Paid: _____ Receipt: _____