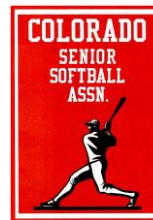




2323 North Woodlands Blvd., Castle Rock, CO 80104
Office: (303) 688-9498 Fax: (303) 814-1035

Senior Softball League Player Registration Form 2024 Season



Please Print Clearly

Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

E-mail Address: _____

- Team:
- Rockers (50+ team) *Ken Standen, Manager*
 - Rockies (50+ team) *Preston Shepherd, Manager*
 - Rocks (70+ Males 65+ Females team) *Wes Johnson, Manager*
 - ***Tentative New Team (70+ Males 65+ Females team)

Senior Center Membership required for 2024:

You must be a member of the Castle Rock Senior Center to be eligible to play in the Senior Center Softball League. If you have not joined and paid your dues for 2024, please complete the Senior Center Membership Application and pay your annual membership fee (\$40.00). This is required for all substitute players as well as regular team players. (Be aware that the membership is on a rolling calendar year. Example: If you join in March 2023, your membership will expire in March 2024). To ensure your membership doesn't expire during your season, you can fill out and sign a new membership application and pay the fee in advance of the month it is due; your membership renewal date will be extended appropriately.

- Yes, I have joined and paid for 2024. I will join and pay for 2024 today.

An Informational/Sign-up meeting will be on Tuesday, March 19, 2024, at 9:00 am at the Castle Rock Senior Activity Center. If you have not preregistered and paid, your fee and this registration form will be collected at that time.

Softball Team Fee: The **\$65** League fee/person **MUST** accompany this Registration Form if you wish to play in this league, for both regular players and substitutes. This is a per team fee. No registrations will be accepted without the **\$65** fee. *Teams may have additional fees for uniforms and equipment.*

Players can be added to teams once season play has begun. All players must be registered and have a Senior Center membership in good standing.

Office use:

Date: _____

Amt. Pd.: _____

Cash: _____ Check No.: _____

Credit Card: _____

Membership Expiration Date: _____

No exceptions.

I have read and agree to abide by the registration rules of the Castle Rock Senior Softball League.

Signature: _____ Date: _____