

City of Savannah Team Registration Form Fall 2024

Each team must turn in this form along with the team roster and waivers

TEAM NAME: _____
Manager/Coach: _____ **Cell Phone #:** _____
Address: _____
Day Phone: _____ **Evening Phone:** _____ **Fax#:** _____
Email Address: _____

Assistant: _____ **Cell Phone #:** _____
Address: _____
Day Phone: _____ **Evening Phone:** _____ **Fax#:** _____
Email Address: _____

“No Play Date” Requests: _____

FOR OFFICE USE ONLY
DATE PAID:
CHECK NO.
CASH:
AMOUNT:

PAYMENT PROCEDURE

Adult Entry Fee is \$275.00 if you live in the city \$335.00 if you live in the county
Please make checks payable to City of Savannah- Athletics. All personal checks submitted must include the account owner’s driver’s license number and date of birth. Only one check will be accepted per payment (NO PARTIAL PAYMENTS).

I understand that by returning this form, with the registration fee or provided, to the Paulson Softball Complex I will be included in the upcoming Softball Program. I agree to fulfill all administrative requirements, such as completing the rosters and waiver forms, by the required deadline. I also agree that I have read and informed all of my team players the complete listing rules and regulations pertaining to this league and complex.

Signature: _____ **Date:** _____