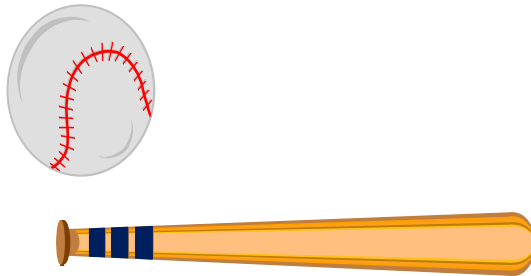


City of Agoura Hills  
Department of Community Services  
30610 Thousand Oaks Blvd. Agoura Hills, CA. 91301  
(818) 597-7361



# SUMMER 2006 MEN'S SOFTBALL LEAGUE ACTIVITY #: 4616.300



League will play on Saturdays at Chumash & Forest Cove Parks in Agoura Hills. League play is scheduled to begin Saturday, June 10, 2006. Mandatory manager's meeting will be on Wednesday, May 10, 2006 at 8:00 p.m. at the Agoura Hills Recreation Center.

**League Fee is \$400 for 10 games plus playoffs. First place individual awards, will be given out for each division. If money is not received by Friday, May 26, 2006 at 4:00 p.m., there will be an additional non-refundable \$50 charge.**

League fees does not include \$12 official's fee per team, per game.

\*A REFUNDABLE \$40 FORFEIT FEE IS REQUIRED AT THE TIME OF REGISTRATION.

No refunds will be issued for games rained out.

**ALL FEES MUST BE PAID BY FRIDAY, MAY 26, 2006 AT 4:00 P.M.!**

SCMAF (Southern California Municipal Athletic Federation) Team Registration and Players Medical Benefit Fund is included in the team registration fees. Membership in SCMAF includes a rule book and information on area tournaments. SCMAF Team Accident Protection Program insurance is available for an additional fee.

**For more information, please call the  
Agoura Hills Recreation Center at (818) 597-7361.**

# REGISTRATION APPLICATION MEN'S SOFTBALL LEAGUE



PLEASE PRINT. ALL REQUESTED INFORMATION MUST BE COMPLETED OR APPLICATION WILL BE RETURNED.

TEAM NAME: \_\_\_\_\_  
SEASON/YEAR: \_\_\_\_\_ ACTIVITY #: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
HOME #: \_\_\_\_\_ WORK/CELL #: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

ASSISTANT MANAGER'S NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_  
HOME #: \_\_\_\_\_ WORK/CELL #: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

Most recent league:(City/District): \_\_\_\_\_

Season/Year: \_\_\_\_\_ Team  
Name: \_\_\_\_\_

Division: \_\_\_\_\_ Record: \_\_\_\_\_ Number of Returning Players: \_\_\_\_\_

List any day your team cannot play: \_\_\_\_\_

Estimate the caliber of your team's play: B  C  D

Has this team played in a league previously? Yes  No

Do you have a forfeit fee on file? Yes  No  Under team/player name: \_\_\_\_\_

All league days and dates subject to change.

LEAGUE FEES: \$400

\*League fee does not include \$12 official's fee per team, per game.

**A \$40 REFUNDABLE FORFEIT FEE IS REQUIRED AT TIME OF REGISTRATON  
ALL LEAGUE FEES MUST BE PAID BY FRIDAY, MAY 26, 2006 AT 4:00 P.M.!**

To register, return this application with the appropriate signatures and total team fees to the Agoura Hills Recreation Center located at: 30610 Thousand Oaks Blvd., Agoura Hills, CA. 91301. For more information, call (818) 597-7361

## OFFICIAL USE ONLY

Date & Time: \_\_\_\_\_

Method of Payment: \_\_\_\_\_

Charge Late Fee: Yes  No

Charge Forfeit Fee: Yes  No

Discounted Fee: Yes  No

Amount Total:\$ \_\_\_\_\_

## COMPLETE IF PAYING BY CREDIT CARD

CREDIT CARD NO. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Exp. Date \_\_\_\_\_ VISA  MASTERCARD  DISCOVER

Name as it appears on card  
\_\_\_\_\_

Cardholder's Address  
\_\_\_\_\_

Cardholder's Phone number  
\_\_\_\_\_