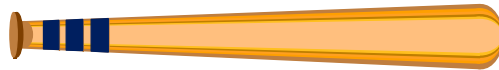
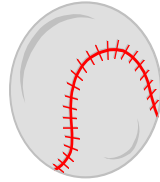


City of Agoura Hills  
Department of Community Services  
30610 Thousand Oaks Blvd. Agoura Hills, CA. 91301  
(818) 597-7361



# SUMMER 2006 ADULT COED SOFTBALL LEAGUE Activity #: 4611.300



League will play on Sundays at Chumash and Forest Cove Parks in Agoura Hills. League play is scheduled to begin Sunday, June 11, 2006. Mandatory manager's meeting will be on Wednesday, May 10, 2006 at 7:00 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 rulebook 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 COED 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 night or 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 FEES MUST BE PAID BY FRIDAY, MAY 26, 2006 AT 4:00P.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 <input type="checkbox"/> No <input type="checkbox"/>
Charge Forfeit Fee:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Discounted Fee:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Amount Total: \$	_____

COMPLETE IF PAYING BY CREDIT CARD	
CREDIT CARD NO.	_____/_____/_____/_____
Exp. Date	_____ VISA    MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/>
Name as it appears on card	_____
Cardholder's Address	_____
Cardholder's Phone number	_____