



RIVER'S EDGE INDOOR SOFTBALL REGISTRATION FORM

TEAM FEES: \$350 PER TEAM

TEAM COST: INCLUDES UMPIRE FEES & CASH PAYOUTS TO LEAGUE AND TOURNAMENT CHAMPIONS

LEAGUE START DATE: THURSDAY NOVEMBER 5TH 2009

Division: Upper _____ Lower _____

TEAM NAME: _____ TEAM COLOR: _____ AGE: _____
TEAM CAPTAIN: _____ TELEPHONE: (H) _____ - _____ - _____
(C) _____ - _____ - _____
ADDRESS: _____ (W) _____ - _____ - _____
CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____

If paying by credit card please complete. Amount to charge: Full amount (\$350) _____
Deposit (\$100) _____

Type (please check): Visa Mastercard
Card # _____ Expiration Date: _____
Name on Card (please print): _____
Signature of Cardholder: _____

Please make checks payable to RIVER'S EDGE INDOOR SPORTS
MAIL TO: River's Edge Indoor Sports, 5255 St. Rt. 128, Cleves, OH 45002
For additional information, please email riversedgesoftball@yahoo.com or contact
Omid Mianegaz at (513) 264-1775. Fax (513)353-1030

