

GENERAL INFORMATION

Team Name _____

Head Coach _____

Address _____

City, Zip _____

Work Phone _____ Home Phone _____

Email _____

Assistant Coach _____

Address _____

City, Zip _____

Work Phone _____ Home Phone _____

Email _____

Team Sponsor Business Name _____

Type of Business _____

Contact Person _____

Address _____

Conflict Night: M T W TH F *(Please choose only one conflict night.)*

TEAM HISTORY

Did five or more of your players, play together last year? Yes No

1. Number of returning players: _____

2. Last year's team name: _____

3. This year's team is: Stronger / Weaker / Same

4. What division do you feel your team should be placed? _____

5. How would you rate your team's overall skill level: Excellent / Good / Fair / Just for fun

2020 Summer/Fall Softball

Important Team Information

1. Return this completed form along with your team fee to Yakima Parks & Recreation during the registration period. Front desk hours are 8 a.m. – 5 p.m., Monday through Friday.
2. Space is limited. Register early!
3. Questions? Call Bill at Yakima Parks & Recreation, 509-575-6020.



Yakima Parks and Recreation
2301 Fruitvale Blvd. • Yakima, WA 98902
(509) 575-6020
gatewayssportscomplex.com