



SUMMER SOFTBALL

2021 LEAGUE REGISTRATION



Team Name _____

(as you want it to appear on the schedule - Only 20 spaces)

Manager's Name _____

Required

Email Address: _____

Required

Phone Number: _____

Mailing Address: _____

Team Status

New

Returning

Last Year's Team Name _____

My Team Should be Sanctioned USSSA

Mens'	C	D Comp	D Rec	E
Womens'	C	D		
Mixed	D Comp	D Rec		

City _____ Zip _____

Men's Sunday	Men's Monday	Men's Tuesday	Men's Wednesday	Men's Thursday
1. D Group 1 \$805	1. D Comp 1 \$805	1. Open \$850	1. D Comp \$805	1. D Comp 1 \$805
2. D Group 2 \$805	2. D Comp 2 \$805	2. D Comp \$805	2. D Rec \$765	2. D Comp 2 \$805
3. D Group 3 \$805	3. D Comp 3 \$805	3. D Rec 1 \$765		3. D Rec 1 \$765
	4. Over 35 Rec \$725	4. D Rec 2 \$765		4. D Rec 2 \$765
		5. D Rec 3 \$765		5. D Rec 3 \$765
Womens' Wednesday				
	1. C/D Comp \$805	2. D Comp \$805	3. D Rec \$510	
Mixed Sunday and Friday				
1. Sunday DH Grp 1 or 2 \$865		2. Friday Comp DH \$865		3. Friday Rec DH \$815

SELECT A LEAGUE: Please write the night of play and level of play for up to three choices listed above.

First Choice

Second Choice

Third Choice

I/we agree to indemnify and hold the City harmless from and against any and all liability with respect to any and all injury, illness or damages which may be suffered by myself and the members of my team arising out of, or in any way connected with the City of Burnsville facilities, programs, leagues and activities.

Manager Signature _____

League Fee from above



Office Only _____ CC Check Payment Amount _____

Date Received _____ Time Received _____ Received By _____

Make checks payable to:
City of Burnsville

Submit payment and form to:
City of Burnsville
Attn: Scott Heitkamp - Softball
100 Civic Center Parkway
Burnsville, MN 55337

Credit Card Payment

Credit card registration can be completed by emailing this form and then calling 952-895-4516 to process the payment.