

LAS VEGAS

SOFTBALL LEAGUE



BIG LEAGUE DREAMS

LAS VEGAS, NV

TEAM FEE: \$400

PLAYER FEE: \$60

START DATES

MONDAY (MEN'S) - JULY 22ND

TUESDAY (MEN'S) - AUG 27TH

WEDNESDAY (7/3 COED) - JUNE 26TH

THURSDAY (MEN'S) - AUG 29TH

FRIDAY (MEN'S & 5/5 COED) - NOV 8TH

SUNDAY (MEN'S & 7/3 COED) - JULY 7TH



LOOKING FOR MORE INFORMATION? CALL US AT (702) 642-4448

Admission Policy: Sunday Night - Friday there is a \$5.00 fee to enter the Sports Park for all individuals 13 years of age and older. Tournaments, the fee is \$8.00. Absolutely no food or beverage is allowed to be brought into the Sports Park at any time.



LASVEGAS.BIGLEAGUEDREAMS.COM



BLDLASVEGAS



3151 E. WASHINGTON AVE, LAS VEGAS, NV 89101

2024 Softball Registration Form

Please print or type information. Please fill out form completely.

Team Name _____

Night Registering For:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Sunday _____

Type of Team and Division of Play Registering For:

Men's (M) _____ Coed (C) _____

Upper Division _____ Lower Division _____

Single Team _____ Two Teams _____

Coach _____

New Team _____ Returning Team _____

Last Season Played at _____

Address _____

City _____ Zip _____

Home Phone () _____

Cell Phone _____

Email _____

I, the undersigned, understand that all team fees are due by the registration deadline. I understand that should my team fail to pay the team fee by the registration deadline date, a \$50.00 late charge will be added to the team's balance due. Any checks returned unpaid are subject to a minimum charge of \$25.00. Players and/or teams will be ineligible for play until the returned check plus the fee has been satisfied. I take full responsibility for the payment of the fees assessed to my team. Also, by signing below, I verify that I have read and understand the Big League Dreams® Sports Park Softball Rule Book and agree to abide by it. I also understand that all players must sign a Big League Dreams® Sports Park Acknowledgement and Assumption of Risk, Release, Waiver and Indemnity form prior to registering.

Signature _____ Date _____



Date _____
Paid _____ Cash _____ Check _____ Credit _____
Check # _____
Amount _____
By _____