

JURUPA VALLEY

SOFTBALL LEAGUE



BIG LEAGUE DREAMS
JURUPA VALLEY, CA

TEAM FEE: \$295

PLAYER FEE: \$30

START DATES

MONDAY (MEN'S & COED DH) - JULY 29TH**

TUESDAY (SENIORS DH) - MAY 28TH**

THURSDAY (MEN'S) - MAY 23RD

FRIDAY (MEN'S & COED) - JULY 19TH

SUNDAY (MEN'S & COED) - JULY 14TH

****DH** DENOTES DOUBLE HEADER LEAGUE**



LOOKING FOR MORE INFORMATION? CALL US AT (951) 685-6900

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.



Registration Form

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

Team Name _____

Night Registering For:

Monday _____ Tuesday _____ Thursday _____ Friday _____ Sunday _____

Type of Team and Division of Play Registering For:

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

Upper Division _____ Lower Division _____

Coach _____ New Team _____ Returning Team _____

Address _____ Last Season Played at _____

City _____ Zip _____

Home Phone () _____

Cell Phone () _____

Email Address _____

Assistant Coach _____

Phone () _____

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 _____



BIG LEAGUE DREAMS

Date _____

Paid _____ Cash _____ Check _____ Credit _____

Check # _____

Amount _____

By _____