

# JURUPA VALLEY

## SOFTBALL LEAGUE



**BIG LEAGUE DREAMS**  
JURUPA VALLEY, CA

**TEAM FEE: \$295**

**PLAYER FEE: \$30**

## START DATES

**MONDAY (MEN'S & COED DH\*\*) - AUG. 12TH**

**TUESDAY (SENIORS DH\*\*) - AUG. 13TH**

**THURSDAY (MEN'S) - AUG. 8TH**

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

**SUNDAY (MEN'S & COED) - AUG. 11TH**

**\*\*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 \_\_\_\_\_



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