

Boise Senior Softball Registration

Fall Draft Season

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Year of Birth: _____

Email address: _____

Current skill level (1 best, 10 worst) _____

New League Player: (Y/N) _____

Circle position(s) you can play:

P C 1B 2B 3B SS LF LCF RCF RF DH

(New league players need to submit a Waiver form)

Check league(s):

Monday Night: 70+ league: _____ **Tuesday Night:** 60+ league: _____

Wednesday Night: 50+ league: _____ 65+ league: _____

(Some games start at 5:15 for 60+, 65+, and 70+ draft league)

Submit form and payment before June 15th

\$60 for all players per Draft league played

**Please consider paying an additional amount for players who need financial assistance (\$5 minimum contribution): \$_____

Contact the Treasurer if you need assistance.

Send completed form and fees to:

Boise Senior Softball Association
c/o Kurt Marostica, Treasurer
534 E. Fairbrook ct.
Boise, Id. 83706

***** By submitting this form, you are authorizing the sharing of your information with coaches**

Further information available on our website: <http://www.boiseseniorsoftball.com>

***** Our league is a 501-C3 if you would like to donate or sponsor a team *****

Website advertising and sponsorship opportunities are available.