

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):

Tuesday Night

60+ league _____

Wednesday Night

50+ league: _____

65+ league: _____

(some games start at 5:15 on 60+ Tuesday and 65+ Wednesday league)

Submit form and payment before July 6th

\$50 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.