

**West Side Recreation & Park District
TEAM CONTRACT**

Date _____

TEAM NAME _____

MANAGER'S NAME _____

MANAGER'S ADDRESS _____
(Number, City & State) (Zip Code)

MANAGER'S PHONE NUMBER _____
(Home) (Work or Cell)

SPONSOR'S NAME _____

SPONSOR'S ADDRESS _____

REGISTRATION FEE PAID/AMOUNT _____ RECEIVED BY _____

ROSTER TURNED IN _____ RECEIVED BY _____

Teams unable to compete in the league or showing excessive unsportsmanlike conduct will be released from the West Side Recreation & Park District's Men's Slow-pitch Softball League.

I have read the rules and regulations of the West Side Recreation & Park District's Coed Softball League and I fully understand and agree with the terms of the contract.

MANAGER'S SIGNATURE