

# West Metro Senior Softball League

Registration – Spring/Summer Season

**PLEASE PRINT CLEARLY – ALL INFORMATION REQUIRED (unless you have no email)**

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

DAYS YOU WANT TO PLAY: *TUESDAY ONLY* \_\_\_ *THURSDAY ONLY* \_\_\_ *BOTH* \_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT PHONE: (\_\_\_\_\_) \_\_\_\_\_

Mail this form, along with a check for \$40.00 (Payable to the Edina Senior Center) to:

Bob Hartshorn  
5340 Newton Avenue South  
Minneapolis, MN 55419  
Phone: 612-922-8687  
Email: bcharts5@gmail.com