

West Metro Senior Softball League

Registration – Spring/Summer Season

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

If you've registered with us before, we only need any NEW information.

NAME: _____

STREET: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: _____

EMAIL: _____

AGE: _____ BIRTH DATE: (M/D/YR) _____

NAME (or Nickname) ON HAT: _____

DAYS YOU WANT TO PLAY: TUESDAY ONLY ___ THURSDAY ONLY ___ BOTH ___

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: (_____) _____

Mail this form, along with a check for \$50.00 (**Payable to the Edina Senior Center**) to:

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