



FM Fall Softball League Team/Group Registration Form



Grade 4-12

Team- \$500

Group of 6- \$330 (Additional Players \$55 each)

Team Name _____ Age Group- 4-6 7-9 10-12
Teams and Groups must provide at least one coach for their players

Coach Name _____

Coach Email _____ Coach Phone _____ - _____ - _____

By signing below all Parents/Guardians agree to the player release and liability waiver available at www.fmallball.com

Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____
Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____	Name _____ School _____ Grade ____ Shirt-Youth or Adult ____ Phone # _____ Email _____ Parent Signature _____
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