



Global Sports Twin Creeks Sports Complex ADULT SLOW PITCH SOFTBALL

TEAM # _____
(for Office Use)

E-MAIL ADDRESS _____
An E-mail address is Mandatory for Updates and Information

TEAM NAME _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

FAX NUMBER (____) _____



2007 SUMMER SOFTBALL SEASON

CHOICE OF NIGHT (Please Circle)

SUN (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)	MON (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)	TUE (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)	WED (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)	THU (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)	FRI (save \$100 w/ SUPER-SAVER) (save \$50 w/ Early)
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2ND CHOICE OF NIGHT _____ Please Print

GAME TIMES (Please Circle)

4:30 LEAGUE
(All Games 4:30)

5:30 LEAGUE
(All Games 5:30)

ROTATIONAL
(6:40, 7:50, 9:00 10:10 Game Times)

LEVEL OF PLAY (Please Circle)

DD

D

Novice

Corporate Coed, Lower
(7 Men, 3 Women)

Corporate Coed, Upper
(7 Men, 3 Women)

CLASSIFICATION (Please Circle)

Men's

Coed
(5 Men, 5 Women)

Corporate Coed
(7 Men, 3 Women)

Note: There will be an additional fee of \$50 for each special scheduling request if granted. Returned checks will be subject to a \$30 Service Charge.
Please Note: Your team's league reservation will not be guaranteed until FULL payment is received.

I understand and agree to the following: My team is required to pay a \$15.00 per game per team fee to the umpire. I understand that there is a **\$50 forfeit fee** for each game forfeited by my team. (Forfeit fee must be paid prior to next game.) All makeup games are subject to be played at GLOBAL SPORTS TWIN CREEKS' discretion. Under no circumstances will a refund be given if I should withdraw my team for any reason. This form is correct.

Signature _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO Global Sports Twin Creeks.
CREDIT CARD ORDERS ACCEPTED. MAIL OR FAX COMPLETED FORMS WITH PAYMENT TO:

GS Twin Creeks – League Registration
969 CARIBBEAN DRIVE
SUNNYVALE, CA 94089

League	SUPER-SAVER	EARLY	LATE
Mon. thru Fri., Rotational	\$595 (Save \$100)	\$645 (Save \$50)	\$695
Mon. thru Fri., 5:30 League	\$595 (Save \$100)	\$645 (Save \$50)	\$695
Mon. thru Fri., 4:30 League	\$495 (Save \$100)	\$545 (Save \$50)	\$595
Sunday League, Rotational	\$495 (Save \$100)	\$545 (Save \$50)	\$595

Phone: 408.734.0888 * Fax: 408.734.0304 * www.twin-creeks.com

Please Circle Method of Payment: CHECK VISA MASTERCARD Expiration Date on Card ____/____

Amount Enclosed: LEAGUE \$ _____ | \$ _____ MAY BE CHARGED TO THE CREDIT CARD # ABOVE

SIGNATURE _____
Signature must match name on credit card

Credit Card Billing Address (Mandatory)
Name _____
Address _____
City _____ State ____ ZIP _____