

Intel Santa Clara Softball League

Individual Registration Form

Player Name: _____ E-mail: _____

Daytime phone: (____) _____ Evening phone: (____) _____

Nights Available to Play (Check all that apply)

<input type="checkbox"/> Sunday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Monday	<input type="checkbox"/> Friday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Wednesday	

Times Available to Play (Check all that apply)

<input type="checkbox"/> 5:30 League (All games played at 5:30pm)	<input type="checkbox"/>
<input type="checkbox"/> Rotational League (6:40pm, 7:50pm, 9:00pm and 10:10pm game times)	

Player Information

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Check all past baseball or softball experience

<input type="checkbox"/> None	<input type="checkbox"/> High school
<input type="checkbox"/> Childhood recreational/community	<input type="checkbox"/> College
<input type="checkbox"/> Recent recreational/community	<input type="checkbox"/> Division I college

Preferred Position (Check all that apply)

<input type="checkbox"/> No preference	<input type="checkbox"/> First Base	<input type="checkbox"/> Left Field
<input type="checkbox"/> General Infield	<input type="checkbox"/> Second Base	<input type="checkbox"/> Center Field
<input type="checkbox"/> General Outfield	<input type="checkbox"/> Short Stop	<input type="checkbox"/> Right Field
<input type="checkbox"/> Pitcher	<input type="checkbox"/> Third Base	<input type="checkbox"/> Catcher