



Baxter Sports Complex

P.O. Box 587

Fort Madison, IA 52627

(319) 372-2932

2020 COED SLOWPITCH SOFTBALL REGISTRATION FORM

Please complete the following information and submit along with roster form and league fees.

Team Name/Sponsor: _____

Manager Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

1st Season:

- Begins Thursday, June 4th
- **Registration Deadline:** Thursday, May 28th

2nd Season:

- Begins Thursday, August 13th
- **Registration Deadline:** Thursday, August 6th

Sponsor/Team Fees: \$275 Per Season

FOR OFFICE USE ONLY

Date Received: _____ Amount: \$ _____ Check # or Cash: _____ Employee Initials: _____