

GENERAL INFORMATION

Team Name _____
Head Coach _____
Address _____
City, Zip _____ Home Phone _____
Work Phone _____
Email _____

Assistant Coach _____
Address _____
City, Zip _____ Home Phone _____
Work Phone _____
Email _____

Team Sponsor Business Name _____
Type of Business _____
Contact Person _____
Address _____

Conflict Night: M T W TH F (Please choose only one conflict night.)

TEAM HISTORY

Did five or more of your players, play together last year? Yes No

1. Number of returning players: _____
2. Last year's team name: _____
3. This year's team is: Stronger / Weaker / Same
4. What division do you feel your team should be placed? _____
5. How would you rate your team's overall skill level: Excellent / Good / Fair / Just for fun

2021 Summer/Fall Softball

Important Team Information

1. Return this completed form along with your team fee to Yakima Parks & Recreation during the registration period. Front desk hours are 8 a.m. – 5 p.m., Monday through Friday.
2. Space is limited. Register early!
3. Questions? Call Bill at Yakima Parks & Recreation, 509-575-6020.



Yakima Parks and Recreation
2301 Fruitvale Blvd. • Yakima, WA 98902
(509) 575-6020
gatewaysportscomplex.com