

**Centralia Parks & Recreation • Chehalis Parks & Recreation
2016 CHURCH COED SOFTBALL TEAM INFORMATION FORM**

General Team Information:

Team Name: _____

Church Name (if different from team name): _____

Coach/Manager's Name: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email shall be the primary means of communication during the season. If possible, please include an email address and check it frequently throughout the season.

Email: _____

I do not have email. Please mail schedules and correspondence to the address above.

Scheduling Information:

Indicate scheduling requests and conflicts below. Game times may be as early at 6:15 pm and as late as 8:45 pm. Effort will be made to accommodate requests and schedule around conflicts, but is NOT guaranteed.

Scheduling Requests—Preferred Times: _____

Other Days and Times Team Can Play, if Necessary (i.e. makeups): _____

Scheduling Conflicts—Times and Specific Dates Team Cannot Play: _____
