



Gaithersburg  
A CHARACTER COUNTS! CITY

# Men's Softball Fall 2015 Team Application

City of Gaithersburg  
506 S. Frederick Ave.  
Gaithersburg, MD 20877  
www.gaithersburgmd.gov

**REGISTRATION BEGINS:**  
**July 1 All Teams**

**PLAY BEGINS:**  
**Monday, August 17**

**DIVISION:**  
Monday "C" League-- **DOUBLEHEADERS**  
**MORRIS PARK**  
6:15, 7:15, 8:15 & 9:15 p.m.

**FRANCHISE FEE:**  
**8 teams \$675**

**\$400 deposit  
must be paid  
with registration**

**Schedules  
will be e-mailed on  
Monday, August 10**

**League determination is subject to league office approval**

Team Name \_\_\_\_\_

Managers Name \_\_\_\_\_

Managers Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Home #(\_\_\_\_\_) \_\_\_\_\_ Work #(\_\_\_\_\_) \_\_\_\_\_ Cell #(\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

*The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed: \_\_\_\_\_*

Amount Paid \$ \_\_\_\_\_ Cash  Check # \_\_\_\_\_  
Visa/MC/Discover # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_  
Signature \_\_\_\_\_  
*(Name on card)*

OFFICE USE ONLY: Mon. #42706  
Rec'd \_\_\_\_\_ Initials \_\_\_\_\_  
W P M F Resident Y N  
Pr: \_\_\_\_\_ RW # \_\_\_\_\_

**The following is to be filled out by the Team Manager**

1. Was this team in the Gaithersburg Fall Softball League Division (2014) or Spring/Summer league (2015) last season? Yes  No

If yes, please list team name and manager name below.

Team Name \_\_\_\_\_

Manager Name \_\_\_\_\_ Division \_\_\_\_\_

2. Do you have 65% of your roster returning? Yes  No   
\*(Full roster DUE at your 1st game)



**Team Manager: (Please read, date and sign this portion)**

I understand that if this team is to be accepted into the Gaithersburg's Men's Softball League, I, as manager will be responsible for the following: (1) Liaison with League Office; (2) Spokesman for the team; (3) Knowing the schedule and status of my team's games; (4) Submitting the required monies and data by the deadlines set; (5) The eligibility, actions and conduct of my assistant coaches and players; (6) Seeing that all team members abide by the League Rules; and (7) Any other duties required by the League Office as they pertain to team managers.

I further understand that should I not submit the required fees or roster by the deadlines set by the League Office, this application can and will be rejected and entry into the League denied.

I have read the above and agree to comply with ask stipulations listed here on and in the League rules. I attest that the information listed on this application is true and complete.

Teams that drop out within three weeks of the start date will lose 50% of registration fee.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_