

City of Hillsboro- Parks Committee

Adult Softball 2021

Tournament Registration

Team Name: _____

Coach's Name: _____

Coach's Phone Number: _____

(Minimum of 10 players on each team, no maximum.)

Team Players (Please Print)	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____

By signing this form, I agree to all rules and regulations of this park. All forms must be complete and signed by August 31, 2021.

In Office Use Only:	\$200 Per Team
Payment Date:	_____
Payment Amount:	_____
Form of Payment:	_____
Accepted By:	_____