




## Recreational Authority of Roseville-Eastpointe

18185 Sycamore, Roseville, MI 48066

586-445-5480

www.rare-mi.org

TO: Men's Softball Managers  
FROM: Bobbie Wilson, Assistant Director   
RE: 2018 Men's Softball Season  
DATE: December 4, 2017

### MEN'S SOFTBALL

We will continue to offer one season of play. League will include: all doubleheaders (except during playoffs), teams will have a guaranteed 24 game schedule, all teams will qualify for a double elimination tournament at the end of the season and scorekeepers will be provided for every game. Season will run from early May through late September/early October. **In order to reserve your team's spot in the league a deposit of 50% (\$ 362.50) will be due at the time of registration.**

Team Entry Fee: \$ 625 plus \$ 100 Forfeit Fee

Additional Fees: \$20 Official Fee (per team)  
Due (in cash) at the start of each scheduled game

Entry Fee Deadline: Friday, April 6th **or until filled**  
(8 team maximum/per league)

Projected Season Start: Week of May 7<sup>th</sup>

TUESDAY: 18 & Over – Competitive League

THURSDAY: 18 & Over – Recreation League

FRIDAY: 18 & Over – Recreation League

The Recreation Authority reserves the right to refuse registration of any team(s). In addition, the Department will divide league into divisions based on ability, experience and previous year standings.

Enclosed is an entry form for you to complete and submit with your team entry fee by the deadline. The team roster form is due by the first night of scheduled games. Should you have any questions, please call me at (586) 445-5480.

RECREATION AUTHORITY OF ROSEVILLE & EASTPOINTE  
18185 SYCAMORE, ROSEVILLE  
(586) 445-5480

**ADULT SOFTBALL TEAM ENTRY FORM**

TEAM NAME \_\_\_\_\_

LEAGUE (check one): TUESDAY \_\_\_\_\_ THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_

MANAGER \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

ASST MANAGER \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

IF YOUR TEAM DOES NOT FORFEIT THIS SEASON, TO WHOM SHALL WE RETURN THE FORFEIT FEE?

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

***Although requests are not guaranteed*** – does your team have any special requests:

\_\_\_\_\_

The information provided is true and correct. As manager I agree to accept the responsibilities listed in the Recreation Authority Rules and Regulations for Competitive Leagues. I shall acquaint my team members with these rules and regulations. I shall forward all necessary league information to the team members and further agree to cooperate with Recreation Authority personnel and accept their decisions as final.

\_\_\_\_\_  
SIGNATURE OF TEAM MANAGER

\_\_\_\_\_  
DATE

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OFFICE USE ONLY

( ) SPONSOR FEE PAID

( ) FORFEIT FEE PAID

( ) ROSTER SUBMITTED

DATE \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

