



www.adirondacksportscomplex.com

Adirondack Sports Complex

326 Sherman Ave.
Queensbury, NY 12804
(518)743-1086, (518)743-1247 fax
info@adksc.com

Summer Softball Team Registration Form

Please remit Registration and Waiver Forms along
with Payment-In-Full for your registration to be accepted.

Primary Team Contact Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail - Home _____ E-Mail - Work _____

Secondary Team Contact Information:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-Mail - Home _____ E-Mail - Work _____

Team Information: Please enter required information or check appropriate boxes.

Team Name _____ **Co-Ed** - Sunday's - 4:30PM & 7:00PM

Please check boxes below: **Men** - Tuesday's or Thursdays - 5:45PM & 7:15PM

Division: Co-Ed Men Women **Women** - Wednesdays - 5:45PM & 7:15PM

Level A - Competitive Level B - Recreational

I agree to remit the payment-in-full, and any additional amounts due, prior to the start of my first game or session. 50% of the payment-in-full will be forfeited if I am unable to provide the Adirondack Sports Complex with completed Official Team Waivers and Roster or if I withdraw my team prior to the start of the session. The remainder of the fee will be held as credit.

Print Name _____ Signature _____ Date _____

Credit Card # _____ Security Code _____ Expiration Date _____ Total \$ _____

For Adirondack Sports Complex use only. Reservation processed by: _____ Waivers on file? _____

Payment \$ _____ Date ____/____/____ Method: cash check # _____ credit (type) _____

Balance Due \$ _____ Date ____/____/____ Method: cash check # _____ credit (type) _____