

Elyria Parks and Recreation Department

2010 ADULT SUMMER SOFTBALL LEAGUES

League Entry Fees

- \$400.00 20 game schedule: Men's Leagues and Men's Doubleheader Leagues
- \$300.00 10 game schedule: Women's League and Co-Ed League
- *****Entry fees include A.S.A. Sanction Fee*****
- **\$10.00 Late Fee (Team fee paid after due date) (New)**
- \$10.00 Non-Resident Fee per player (max. of \$100 per team)
- \$17.00 Men's and DH Leagues Umpire Fee per game
- \$12.00 Co-Ed and Women Leagues Umpire Fee per game



*** TEAMS ARE REQUIRED TO PAY UMPIRES DIRECTLY
PRIOR TO THE START OF EACH GAME**



Leagues: 20 Game Season

Men's Recreational
Men's Recreational
Men's Lower Recreational (New)
Men's Elite Doubleheader (New)
Men's Doubleheader Recreational

Playing Nights/Day

Monday & Wednesday
Tuesday & Thursday
Monday & Thursday
Tuesday
Sunday (Begins May 2)

Leagues: 10 Game Season

Co-Ed Recreational
Women's Recreational

Playing Nights

Wednesday
Tuesday

Important Dates

League Application Due: Friday, April 9, by 4:30 p.m. at the Elyria Parks and Recreation Office, 131 Court St., Elyria, Ohio 44035

Entry Fee Due: Friday, April 16, by 4:30 p.m. at the Elyria Parks and Recreation Office

League Meetings: Women's and Co-Ed's: Thursday, April 22, at 7:00 p.m.
Men's: Monday, April 22, at 7:30 p.m.**

Season Begins: Monday, May 10
Sunday, May 2 (Men's Sunday DH Recreational League)

****NOTE: ALL MEETINGS WILL BE HELD AT C.R HOAGLAND WEST RECREATION CENTER**

For more information please contact:
Elyria Parks & Recreation Department, 131 Court Street, Suite 103
Elyria, Ohio 44035, Telephone: 440-326-1500
Email: gmason@cityofelyria.org

**ELYRIA PARKS AND RECREATION DEPARTMENT
2010 ADULT SOFTBALL LEAGUE
APPLICATION FORM**

IMPORTANT DATES

Application Due

Friday, April 9

League Fees Due

Friday, April 16

Mail, drop-off or fax application and fees to:

Elyria Parks and Recreation Department, 131 Court Street, Suite 103
Elyria, Ohio 44035 Office: 440-326-1500 Fax: 440-326-1511

Please **NEATLY PRINT** and complete all of the information requested below:

TEAM NAME _____

SPONSOR _____ **PHONE** _____

MANAGER(S) NAME(S) _____

ADDRESS _____ **CITY** _____ **ZIP** _____

MANAGER PHONE (H) _____ **(C)** _____ **(W)** _____

Please indicate which league you would like to play:

20 Game Season

_____ Men's Recreational	Monday and Wednesday
_____ Men's Recreational	Tuesday and Thursday
_____ Men's Lower Recreational	Monday and Thursday
_____ Men's Elite Doubleheader	Tuesday
_____ Men's Recreational DH	Sunday

10 Game Season

_____ Co-Ed Recreational	Wednesday
_____ Women's Recreational	Tuesday

2009 Team and League: _____

2009 Record: _____

If new team, please indicate what team(s) the majority of your players were on in 2009.

FOR OFFICE USE ONLY: FEES PAID: _____ **DATE:** _____ **STAFF:** _____

NON-RESIDENT FEE: _____