

# NEW JERSEY SENIOR SOFTBALL CONFERENCE

## REGISTRATION FORM

NAME:

DATE OF BIRTH

ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

SIGNATURE: \_\_\_\_\_

### **CHOICE OF LEAGUE: (CHOOSE 1,2,3,4 OR ALL 5)**

Ages 60+ M.E.T.S.S. (MORRIS ESSEX TUESDAY MORNING SENIOR SOFTBALL) \_\_\_\_\_

Ages 60+ SATURDAY MORNING LEAGUE \_\_\_\_\_

Ages 50+ WEEK NIGHT LEAGUE \_\_\_\_\_

Ages 60+ WEEK NIGHT LEAGUE \_\_\_\_\_

Ages 69+ TUESDAY MORNING LEAGUE \_\_\_\_\_

### **FEES VARY DEPENDING UPON LEAGUE AND TEAM**

PLEASE ANSWER THE QUESTIONS BELOW:

1. How long have you played softball? \_\_\_\_\_
2. How long has it been since you last played softball? \_\_\_\_\_
3. Please rate yourself in the following areas using A, B, or C.  
Hitting \_\_\_\_\_ Fielding \_\_\_\_\_ Throwing \_\_\_\_\_
4. What position(s) do you play? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_