*** PLEASE PRINT *** *** PLEASE PRINT ***

Fall 2026

GREATER ELIZABETHTOWN AREA RECREATION & COMMUNITY SERVICES

Coed Slow Pitch Softball League

TEAM NAME _____ Check the division you wish to play in: ☐ 1 ☐ 2

TEAM CAPTAIN _____ ALT. TEAM CAPTAIN _____

Home Phone #_____ Work Phone #_____ Home Phone #_____ Work Phone #_____

E-mail Address _____ Email Address _____

	NAME	COMPLETE ADDRESS - with Zip Code	PHONE #	TOWNSHIP/BORO	Email Address
1					
2					
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Please Note:

-- Maximum 20/Minimum 10 player roster
-- Registration Fee**: $350/team** + **$35 for Non-Resident Teams**
-- Make checks payable to**: GEARS** Due Date: **Monday, August 24**
-- Individuals must provide their own accident insurance.

Please list any team preferences to be considered during scheduling: _____