

**Warren Association of Baptists  
Spring 2019 Softball Registration - Single Church Form**

**Church / Team Information - One form per team. Churches with multiple teams must submit multiple forms.**

Name of Church / Team: \_\_\_\_\_  
 Church Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**League Information**

\_\_\_ Competitive Co-Ed Adult    \_\_\_ Non-Competitive Co-Ed Adult    \_\_\_ Men's Competitive    \_\_\_ Youth

**Coach Information**

Coach: \_\_\_\_\_ Email: \_\_\_\_\_  
 Rainout Contact Number:\* \_\_\_\_\_ Alt. Number: \_\_\_\_\_  
 Asst. Coach: \_\_\_\_\_ Email: \_\_\_\_\_  
 Rainout Contact Number:\* \_\_\_\_\_ Alt. Number: \_\_\_\_\_

*\*You will be able to opt-in for text notifications instead of a call, but you must opt-in from the rainout numbers listed above.*

**Pastor's Authorization**

By signing below, I authorize the above named coaches to manage our church's softball team (including the roster) as an extension of our church's ministries, in accordance with all WAB softball rules.

Pastor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Conflict Dates - Conflict dates must be listed on this form to be accepted.**

Begin Date	End Date	Event	Begin Date	End Date	Event

**Registration deadline is Friday, April 12th at 3:30pm.**

**Registration form, fee, and proof of insurance must be received in the WAB office by deadline.**  
 Registration form and proof of insurance may be emailed to the league administrators.