

**Warren Association of Baptists
Spring 2020 Softball Registration - Combined Churches Form**

Name of Churches/Team: _____

League Information

___ Competitive Co-Ed Adult ___ Non-Competitive Co-Ed Adult ___ Men's Competitive ___ Youth

Primary Church Information

Name of Church: _____

Church Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

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.*

Primary Church's 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 3rd 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.

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Additional Church Information & Authorization

Name of Church: _____

Church Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

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: _____

Additional Church Information & Authorization

Name of Church: _____

Church Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

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: _____

Additional Church Information & Authorization

Name of Church: _____

Church Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Email: _____

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: _____

Each church must submit proof of insurance.

Registration deadline is Friday, April 3rd at 3:30pm.

Registration form, fee, and proof of insurance must be received in the WAB office by deadline.

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