

# 2017 Co-Ed Summer Softball League



## The Summerlin Council Co-Ed Summer Softball League July 12 - September 6, 2017

Please return your completed team registration form to the Trails Community Center at 1910 Spring Gate Lane beginning June 5 at 9 a.m.

**\*\$375 per team**

One check made payable to "The Summerlin Council."

Each team is responsible for providing their own T-shirts and weekly umpire fees.

**Team registration deadline is Monday, June 19.**

Please note: Space is limited so sign-up early. No individual registrations are permitted. Teams must consist of at least 75% Summerlin Association members.

### 2017 Summerlin Co-Ed Summer Softball League Registration Form

*\*Please complete team information on the the reverse side.*

Team Captain Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Summerlin Member ID# \_\_\_\_\_

In consideration of your accepting this registration, I hereby agree to indemnify and hold harmless The Summerlin North Community Association, The Summerlin South Community Association, The Summerlin West Community Association, Summerlin Centre Owners Association, The Summerlin Council, Howard Hughes Properties, Inc. and The Howard Hughes Company, LLC., and any of their officers, agents, and employees from any liability or claim or action for damages resulting from or in any way arising out of the participation in the program by the person registered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

League Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

*Please make your check payable to "The Summerlin Council." Please return form and check to The Trails Community Center.*

**I have read and accept the indemnification clause on the front of the page  
Please check Resident (R) or Non-resident box (NR):**

**Team Name:** \_\_\_\_\_

<b>R</b>	<b>NR</b>		<b>Day Phone</b>	<b>Night Phone</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	2. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	4. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	6. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	7. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	8. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	9. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	10. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	11. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	12. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	13. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	14. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____
<input type="checkbox"/>	<input type="checkbox"/>	15. Name: _____	Address: _____	Zip: 89 _____ (____) (____)
		Summerlin ID# _____	Signature: _____	Email: _____