

2019 Men's Summer Softball League



The Summerlin Council Men's Summer Softball League July 11 - September 12, 2019

Please return your completed team registration form to the Trails Community Center at 1910 Spring Gate Lane beginning June 3 at 9 a.m.

***\$500 per team**

Payment can be made electronically
or with 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 17.

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

2019 Summerlin Men's 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 # _____ if applicable)

*If paying by check, please make it payable to "The Summerlin Council."
Please return form and payment 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: _____

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