

RACINE COUNTY



BASEBALL / SOFTBALL LEAGUE INFORMATION FORM

League Name _____

Contact Name _____

Contact Address _____

Contact Day Phone _____

Contact Eve Phone _____

Cancellation Phone _____ (should have voice mail)

E-Mail Address _____

Cliffside		<i>Park selected for league play</i>	Pritchard	
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Youth – Baseball		<i>Baseball 1 ½ hr. increments</i>	Adult - Baseball	
Youth – Softball		<i>Softball 1 hour increments</i>	Adult - Softball	

Night of League Games _____

Number of Teams in League _____

Number of Games per Night _____

Attach a tentative schedule of the league games, include fields, dates and times

Diamond(s) Requested

Cliffside:	Pritchard:
Diamond NW (lights) _____	Diamond East _____
Diamond SW _____	
Diamond NE (lights) _____	Diamond West _____
Diamond SE _____	

Special Concerns: _____

The above request for league games is submitted by:

