

2017 RocSoftball @ Cobb's Hill Team Registration Form

S U M M E R

Team Name: _____

Manager Name: _____

Manager Address: _____

City: _____ State: _____ Zip: _____

Manager Phone: _____ Email Address: _____

Asst. Manager Name: _____ Asst. Manager Phone: _____

Asst. Manager Email: _____

League Type (*circle preferred night of play under desired league type*):

- **Men's** – Monday – Tuesday – Wednesday – Thursday – Friday
- **Coed** – Monday – Tuesday – Wednesday – Thursday – Friday (*Crossfit ONLY*)
- **Women's** – Thursday

Skill Level (*circle one*): **Social** – **Recreational** – **Competitive**

****Please indicate level of play so we can do our best to assign well-balanced leagues****

Please Make Check Payable to:

City Treasurer
400 Dewey Avenue
Rochester, NY 14613-2594

Check, Money Order, and Credit Card Only!

** Payments must be paid in FULL;
Only 1 form of payment accepted for league fee pay**

Office Use ONLY:

Batch # _____ CR # _____ MR# _____

Amount: _____ Paid By: _____

2017 Summer League Fee Info:

10 games + all teams make playoffs!
\$735 per team (same as 2016!)

"First come, first serve"

For more information:

- Email: rocsportsny@yahoo.com
- Phone/Text:
Pat (Coed/Women's) (585) 455-7827
Jim (Men's) (585) 278-0654
- Website: www.rocsportsny.com



City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council