



2019 CITY OF JONESBORO ADULT FALL SOFBALL LEAGUE

TEAM NAME: _____

Coach's Name: _____

Home Phone: _____

Work Phone: _____

Address: _____

City: _____

Zip: _____

E-Mail: _____

Assistant Coach: _____

E-Mail: _____

Home Phone: _____

Work/Cell: _____

MENS: _____

CHURCH: _____

CO-ED: _____

WOMENS: _____

LEAGUE FEE \$450.00

Upper Division- _____ Lower Division- _____

REGISTRATION DEADLINE IS AUGUST 9, 2019 (PLEASE REGISTER EARLY)

Registration form are available on line, www.jonesboro.org or may be picked up at the Earl Bell Community Center 1212 South Church Street, Jonesboro AR 72401 between the hours of 9:00 A.M. and 9:00 P.M. Monday through Friday and Saturdays 12:00 P.M. TO 5:00P.M. (870) 933-4604. Mail or return completed forms to address listed.

Participant AND Spectator Rules

No Abusive behavior toward a player, coach, referee or league coordinator will be tolerated. No abusive language or profanity directed at a player, coach, officials or league coordinator will tolerated. Violator of these policies will be given one warning. If participants and spectators do not comply they will be removed from the venue. I, the undersigned, am responsible for making my team aware of the above rules. I will be responsible for sharing all league information with each player on my team.

***NOTE: FEES MUST BE PAID BEFORE PRE-SEASON TOURNAMENT – NO EXCEPTIONS**

Rosters will be due the night pre-season begins. Pre- Season begins August 26th

Coach's Signature

Date

Payment Received Date _____ Cash _____

Check Number _____

Receipt # _____

Received By: _____

