



Team Registration Form

This Registration Form must be completed and turned in to the Parks and Recreation office to accept payment. Email to parks@victoriatx.gov , fax to (361) 485-3212, or turn in at our office located at 532 McCright Dr. Victoria, TX 77901.

First & Last Name: _____ Are you the team manager? (Yes/No)?

Address _____ City, State _____ Zip _____

Phone (Primary): _____ (Secondary): _____

Email (Required): _____

Team name: _____

Team Manager / Register's Signature: _____

Please check the corresponding box to the sport and league you are registering for.

High School Softball	
<input type="checkbox"/> Tuesday Varsity <input type="checkbox"/> Tuesday Junior Varsity	<ul style="list-style-type: none"> Games start Tuesday June 1st 8 game guarantee

Office Use Only	Payment Amount	Date of Payment	Receipt Number
	\$ _____	/ /	# _____

Coach Name: _____

Coach Name: _____

Coach Name: _____

Coach Name: _____

All coaches or volunteers who will be in the dugout or on the field with the players, are required to complete & pass the USSSA Softball Background Check. NO EXCEPTIONS.