



Recreation and Parks Department

5600 85th Ave. N., Brooklyn Park, MN 55443-1825 * Phone 763-493-8333 * Fax 763-493-8253
TDD 763-493-8392

MEMORANDUM

DATE: *January 18, 2016*

TO: *Brooklyn Park Adult Softball Managers*

FROM: *Al Snow - Brooklyn Park Adult Softball Program Coordinator*

SUBJECT: *2016 Brooklyn Park Adult Softball
Program Registration and Organization*

Welcome to the 2016 City of Brooklyn Park Adult Softball Program

Important Dates:

Registration is **NOW** being taken for 2015 teams that participated in our program!

Monday, February 1

**** New Teams can register on a First Come First Serve Basis **.**

Registration Procedure:

Non-Residents are welcome to register for our softball league with no additional cost. Registrations take place at the Brooklyn Park Community Activity Center (5600-85th Ave. No., Brooklyn Park, MN 55443) in person, by fax (763-493-8253) using a credit card (**Master Card, Visa, American Express or Discover**) or by mail. The Community Activity Center is open from 8:00 am - 9:00 pm and the phone number is 763-493-8333.

Online Team Registration:

Online registration is also available for Summer Softball. If you are interested in registering online, please check out our website <https://webtrac.brooklynpark.org> or call 763-493-8333, Monday through Friday from 8:00 am to 5:00 pm with any questions or to get your username and password.

Please note, for all online registrations credit cards will be processed immediately.

Registration Information:

To register your team, prioritize program choice, 1 – first choice and 2 - second choice, etc. (this is the form with the Adult Sports logo on top and the credit card box on the bottom). Team name and manager information must also be completed. **Fill in the top section “Did team play at Brooklyn Park last year?” and team name if it is different from last year.**

Teams will get their 1st choice unless it is already filled up. If it is already filled, they will be called before they are put in another league.

Team Fee:

To register your team, the total program fee must be submitted with your registration form. “**Checks cannot be post dated, they will be cashed immediately**”. Checks must have the correct registration fee amount. **Credit Cards will also be processed immediately** after receiving your information.

If you are waiting for a check from your sponsor to register, you must submit a credit card (Visa/ Master Card/Discover) to register (we will not process your card until Tuesday, March 1, 2016 if you indicate this on your registration form). But please remember it is your responsibility as the manager, to get your sponsor check to us by February 29. After that date we will process your original credit card, NO EXCEPTIONS.

This does not apply to online registration.

Roster Information:

Enclosed is a blank roster. Please fill out and return by the managers meeting. You can add and delete players until the **3rd week of the season**, by calling the Parks and Recreation office with completed information at (763) 488-6357 (Monday - Friday 8:00 am - 5:00 pm), or fax information in using the fax number listed below. Maximum number of players at any time is 20.

Manager’s Meeting: *Attendance is greatly appreciated as information will be handed out*

The meeting will be held at the Brooklyn Park Community Activity Center, 5600 85th Ave. N, in early April (exact date to be determined). A separate memo will be sent out the second week of March to all registered team managers letting them know the date and time. We will go over rules, tournament dates etc. and schedules will be handed out for leagues that are filled at that time.

Do you still have Questions?

Please give me a call: ***Al Snow (763) 488-6357*** or call the Recreation Office (763)-493-8333

Some of your questions may also be answered online at: **www.brooklynpark.org**

Mail or fax registrations to:

Brooklyn Park Recreation and Parks Department

Attn: Adult Softball Registration

5600 - 85th Avenue North

Brooklyn Park, MN 55443

Fax# 763-493-8253

Be sure to “like” ***Brooklyn Park Recreation and Parks*** on Facebook!





2016 Brooklyn Park Softball Official Roster

(Turn this form in at the managers meeting)

Read Before Registering

I understand that there is a certain risk involved in participating in any type of organized athletic activity. If I am involved in an accident resulting in personal injury, I hereby assume the responsibility and release the City of Brooklyn Park from any responsibility or liability resulting from it.

Team Name _____

League/Night _____ **Class** _____

Manager's Name _____

Street Address _____

City _____ **State & Zip** _____

Home # (_____) _____ Cell # (_____) _____

Manager's E-Mail Address _____

Team Registration # _____

Please print or type names for legibility

1. _____ 11. _____

2. _____ 12. _____

3. _____ 13. _____

4. _____ 14. _____

5. _____ 15. _____

6. _____ 16. _____

7. _____ 17. _____

8. _____ 18. _____

9. _____ 19. _____

10. _____ 20. _____

ADDITIONS

1. _____ 2. _____

3. _____ 4. _____

GetUp&Go

BROOKLYN PARK RECREATION & PARKS

763-493-8333

www.brooklynpark.org



City of Brooklyn Park
Recreation & Parks Department
5600 85th Ave. N.
Phone: 763-493-8333

BROOKLYN PARK ADULT SOFTBALL Summer 2016

Read Before Registering
I understand that there is a certain risk involved in participating in any type of organized athletic activity. If I am involved in an accident resulting in personal injury, I hereby assume the responsibility and release the City of Brooklyn Park from any responsibility or liability resulting from it.

Did team play at Brooklyn Park last year? Yes _____ No* _____

Summer _____ Fall _____

Team Name last season, if different from this year _____

*New teams: prioritize your league choice (1 - first choice, 2 - second choice, etc.)
All leagues include an end of season double elimination tournament.

Program	Program #	Day	Regular Season Games	Double or Single Headers	Season Start	Fee	Prioritize Program Choice
Men's C/D/E	722016.01	Monday	24	Double headers	April 25	\$1045	
Men's D/E/Church	722016.02	Monday	12	Single headers	April 25	\$640	
Co Rec D	722016.03	Monday	12	Single headers	April 25	\$640	
Men's C/D/E	722016.04	Tuesday	24	Double headers	May 3	\$1045	
Co Rec D	722016.05	Tuesday	12	Single headers	May 3	\$640	
Men's D/E/Church	722016.06	Tuesday	12	Single headers	May 3	\$640	
Co Rec D	722016.07	Wednesday	24	Double headers	April 27	\$1045	
Co Rec D	722016.08	Wednesday	12	Single headers	April 27	\$640	
Men's D	722016.09	Thursday	12	Single headers	April 28	\$640	
Men's D/E/Church	722016.10	Thursday	24	Double headers	April 28	\$1045	
Men's E/Church	722016.11	Thursday	12	Single headers	April 28	\$640	
Co Rec D	722016.12	Friday	12 for 6 weeks	Double headers	June 3	\$640	

Team Name: _____ Manager _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

All the information on this roster is, to the best of my knowledge, true and complete.

Manager's Mailing Address:

zip _____

NOTICE: Information requested on this form is classified as either "Public" or "Private" pursuant to the Minnesota Government Data Practices Act. The formation is requested so the registration process can be appropriately completed and persons can be notified for updated program information such as scheduled changes. You are not legally required to provide this information. The consequences of not providing the information may be rejection of the application or inability to make notification of program or scheduling changes to you. Private data will be used by the City staff and others officially connected with the program for the purposes of administering the activity and providing programs/schedule changes. Private data cannot be released to the public without your consent.

Office Use Only:

Date In _____ Time In _____
Clerk: _____

COMPLETE IF PAYING BY CREDIT CARD — Visa, Mastercard, Discover, American Express accepted

Credit Card Number

Name as it appears on the card: _____

Signature _____ Date: _____

EXPIRATION
CVV Code