2020 FALL
Slow-Pitch Softball Leagues

**Fall Season (7-weeks)**

**Wednesday: beginning September 9**

262014-01  Men’s Doubleheaders  $650
262014-02  Men’s Single Games    $325
262014-03  Coed Doubleheaders    $650
262014-04  Coed Single Games     $325

**Thursday: beginning September 10**

262014-05  Men’s Doubleheaders    $650
262014-06  Men’s Single Games     $325
262014-07  Coed Single Games      $325

**Friday: beginning September 11**

262014-08  Men’s Doubleheaders    $600
262014-09  Men’s Single Games     $300
262014-10  Coed Doubleheaders     $600
262014-11  Coed Single Games      $300

**Sunday: beginning September 13**

262014-12  Men’s Doubleheaders    $650
262014-13  Men’s Single Games     $325
262014-14  Coed Doubleheaders     $650
262014-15  Coed Single Games      $325

**DIVISIONS**

All divisions will allow 1 homerun using the "1-up" rule. If numbers allow we will split teams into divisions based on past record and the team rating supplied when registering. Otherwise, all teams will play in the same division.

**GAME START TIMES**

Weekdays: 6:30 - 9:30pm
Sundays: 4:00 - 9:00pm

All games are played at the Blue Valley Recreation Complex
**Our complex is a smoke-free facility**
9701 W. 137th Street
Overland Park KS, 66221
Phone 913.685.6030
Rainout Line 913.685.6099 ext.4

A $1 gate fee is charged to all adults. Persons paying the fee receive a token worth $1 at the concessions stand.

Each team must provide their own "U.S.A. Softball" approved softballs. Softballs may be purchased at the complex.
Men use: Yellow 12” red stitch .52cor/300lbs.
Women use: Yellow 11” red stitch .44cor/375lbs.
Coed teams use one of each.

Go to: [www.bluevalleyrec.org](http://www.bluevalleyrec.org)  
For more information

**Registration opens: July 27**

*Priority Deadline: July 31

*Priority deadlines are offered to teams that played at our complex during two of the past three seasons OR any team with at least eight players who live within the BVSD boundaries. Priority status does not save a spot. Thursday night could fill before the priority deadline.

**Last day to Register: August 28**

**HOW TO REGISTER**

All fees must be submitted by the deadline. No deposits or partial payments are accepted.

- **Register by phone** using a credit card. Call 913.685.6030
- **Fax registration** with a credit card number to 913.685.6031
- **Mail or deliver** registration to:
  Blue Valley Recreation Commission  
  9701 West 137th Street  
  Overland Park, KS 66221

Before the start of your first game
All players must sign an official "Team Roster/Waiver Form". This may be done on opening night.

REGISTRATION FORM ON BACK

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**Blue Valley Recreation**

*Enriching lives, strengthening a spirit of community*

9701 West 137th Street, Overland Park, KS 66221  
Phone 913.685.6030  [www.bluevalleyrec.org](http://www.bluevalleyrec.org)
Fall ADULT SOFTBALL REGISTRATION FORM

Please circle your preferences.

- Day: Wednesday    Thursday    Friday    Sunday
- Gender: Men’s     or     Coed
- League: Single Games     or     Doubleheaders

- List the most recent year/season this team played at this complex: ________________________________

  If Never: Rate your team’s skill level: Good 1 2 3 4 5 6 7 8 9 10 Poor

- Age range of your team: From _________ to _________

- Enrollment Notes: ________________________________________________________________

Team Name: _______________________________  Manager’s Name: _______________________________
Address: _______________________________  City: _______________________________  St: _____  Zip: ________
Home Phone: (_______)________________________  Work Phone: (_______)________________________
Primary E-mail: _______________________________  alt. E-mail: _______________________________

Every effort is made to fulfill your league and day preference. If this is impossible, an alternative will be presented. If the alternative is unacceptable, the fee will be refunded. In all other situations, administrative charges could apply.

Manager’s Signature _______________________________  Date _______________________________

PAYMENT INFORMATION

Payee Name: _______________________________  Phone: (_______)________________________
Address (if different from Manager): _______________________________  City: _______________________________  St: _____  Zip: ________
Code: _______________________________  Team Fee: ____________

Cash    Check    Visa    MasterCard    Discover    AmEx

Card / Check Number “___________” “___________” “___________” expiration CVV Security Code

Payee/Cardholder Signature: _______________________________  Date _______________________________