



Brooklyn Park Athletic Association Girls Softball Registration



Brooklyn Park Recreation and Parks Department
5600 85th Avenue North, Brooklyn Park, MN 55443
763 493-8333 (phone) 763 493-8253 (fax)

Participant Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State/Zip: _____

Email Address: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact Name: _____

Email Address: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Please list any disability, allergy or special needs _____

Special accommodations necessary for participation: _____

Please contact me for info about accommodations _____

Fee assistance request – please contact me _____

Age Group: (8U, 10U, 12U, 14U, 16U, 19U)
(age as of 1/1/2010)

Slow Pitch or Fast Pitch? _____

Last Year's Park or Coach: _____ # of years playing experience: _____

Special Requests (e.g. coach, teammates, park) _____

Does parent want to coach or assistant coach? _____

If referred, what is name of friend who referred you to BPAA

Softball? (New Registrations Only). *Applies to Slow Pitch only _____

I am referring the following friend who is new to BPAA Slow

Pitch Softball. Must register together to receive \$10 discount. _____

*Applies to Slow Pitch registrations only. _____

Slow Pitch Fees: 8 years and under (8U) division - \$45 10U - \$55 12U, 14U, 16U - \$65 19U - \$650/team

Fast Pitch Fees: 10U - \$125 12U, 14U & 16U - \$150

*Subtract \$10 if referred to BPAA Slow Pitch Softball by a friend, or if you referred a friend to Slow Pitch.

*Add \$10 if late registration after March 10, 2010

Team registrations for 14U, 16U and 19U Slowpitch: contact Bryan Bachand: bryan.bachand@wellsfargo.com

Total Due:

Total Enclosed:

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Payment Type: (Cash, Check, Visa, Mastercard)

Name as appears on card: _____

Card Number _____ Exp. Date _____