

REGISTRATION FORM

Team Manager: _____

2008 League & Team Name: _____

2009 League Placement: _____

(Determined by committee - if you would like to play a higher division than this, please contact Jena @ 545-3012.)

MEN'S TEAMS ONLY..Please select your night of play by placing a "1" by your 1st choice, a "2" by your second and so on. Leagues will be filled on a first come basis and changes may be made.

_____ Monday (C & D) _____ Wednesday (B, C, & D)
_____ Tuesday (A & C) _____ Thursday (B, C, & D)
 _____ Friday (B, C, & D)

WOMEN'S TEAMS..

_____ Monday (C & D1) _____ Wednesday (E)
_____ Tuesday (B & E/F) _____ Thursday (F)
 _____ Friday (D2)

Remember to submit a check for your \$500 team fee with this form by 3/13/09 to RCSA, PO Box 4112, Rapid City, SD 57709-4112. Your completed roster with at least 10 players and \$55 per player will need to be postmarked by 4/10/09 (Again, send it to RCSA, PO Box 4112, Rapid City, SD 57709-4112.) **THE OFFICE WILL NOT BE OPEN, DO NOT LEAVE YOUR REGISTRATION AND OR ROSTER OR MONEY AT THE OFFICE - RCSA IS NOT RESPONSIBLE FOR ANY LOST MONEY OR INFORMATION IF IT IS LEFT AT THE OFFICE. RCSA WILL NOT BE HELD RESPONSIBLE FOR ANY CASH SENT IN THE MAIL.**

2009 TEAM NAME: _____

2009 Team Manager: _____

Mark boxes for coach call limit of 2 #s per team

Phone # _____ e-mail _____
 Alt # _____ Address _____
 City, ST, Zip _____

2nd Team Contact: _____

Phone # _____ e-mail _____
 Alt # _____ Address _____
 City, ST, Zip _____

COMMENTS: _____

Office Use Only - Do not write below this line.

Time & Date received: _____

Money received: \$ _____

Comments: _____