



SOFTBALL LEAGUE QUESTIONNAIRE

Please answer the questions below.

1. SELECT WHICH LEAGUE YOU ARE APPLYING FOR:

- MEN'S
- COED CLOSED FIELD
- COED OPEN FIELD

2. INDICATE BY PRIORITY (1, 2, 3, 4) WHAT NIGHT YOU WISH TO PLAY:

- | | |
|-----------------|-------------------------------------|
| _____ MONDAY | _____ FRIDAY |
| _____ TUESDAY | _____ SUNDAY MORNING (8-10 a.m.) |
| _____ WEDNESDAY | _____ SUNDAY NIGHT (4:50-8:20 p.m.) |
| _____ THURSDAY | |

3. INDICATE BY PRIORITY (1, 2, 3) IN WHICH LEAGUE YOU WISH TO PLAY:

- | | |
|----------|----------|
| _____ D1 | _____ D3 |
| _____ D2 | _____ D4 |

4. HAVE YOU PREVIOUSLY PLAYED IN IRVINE'S ADULT SOFTBALL LEAGUE?

- NO
- YES

5. WHAT WAS YOUR TEAM NAME AND WHO WAS YOUR MANAGER?

TEAM NAME _____

MANAGER* _____

6. WHAT WAS YOUR TEAM'S RECORD?

_____ WINS

_____ LOSSES

_____ TIES

7. WHAT PERCENT OF ROSTERED PLAYERS ARE RETURNING FROM LAST SEASON PLAYED?

_____ 0 - 25%

_____ 51 - 75%

_____ 26 - 50%

_____ 76 - 100%

8. IF WE ARE UNABLE TO CONTACT YOU REGARDING YOUR TEAM, WHAT OTHER PLAYER OR PERSON SHOULD WE CONTACT?

NAME* _____

PHONE* _____

EMAIL* _____