



Johnson County Park and Recreation District



2010 SNO-BALL SOFTBALL TOURNEY

WHERE: MID AMERICA SPORTS COMPLEX

WHEN: SATURDAY, JANUARY 16TH, 2010

COST: \$190.00 3 GAME GUARANTEE

DEADLINE: THURSDAY, JANUARY 14TH AT 5PM.

\$190

Dingers will be serving the following items:

- Beer
- Hotdogs
- Chili
- Hot Chocolate
- Coffee
- Water

TOP TWO WINNERS OF EACH DIVISION WILL RECEIVE A DISCOUNT OFF SUMMER LEAGUE FEES!

WAYS TO REGISTER:

Men's Intermediate 01-9402-086-01

FAX:
CALL IN WITH VS, MC, DS:

913-831-6336
913-831-3359

Men's Recreational 01-9402-086-02

MAIL CHECK OR MONEY ORDER TO:

JCPRD Registration
6501 Antioch Rd Building C
Shawnee Mission, KS 66202
Make all checks payable to JCPRD

Mixed Competitive 01-9402-086-03



JCPRD REGISTRATION FORM

Return completed form with fee. Make check payable to: JCPRD
JCPRD Registration
6501 Antioch Road, Shawnee Mission, KS 66202
Fax to: 913-831-6336

05

OFFICE USE ONLY:					
Payment	CA	CK	MC	VS	DS
Registrar	_____				
Date	_____				

TEAM NAME: _____

MANAGERS NAME	CODE NUMBER	LEAGUE TITLE	DATE	DAY	TIME	FEE

NOTE: Please keep a record of dates and times of classes. Confirmations are not sent.

Please charge all fees to MC VS or DS

There is a \$20 charge on all returned checks.

WAIVER STATEMENT: "The undersigned states that he/she understands that the Johnson County Park and Recreation District is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Johnson County Park and Recreation District, its employees, agents and representatives from any and all claims of any kind that the participant or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the Johnson County Park and Recreation District to use at its discretion any photograph(s) (black/white or color) taken of the participant while participating in the program and waives any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions.

Card Number: _____ Expires: _____ CID#: _____
(Your 3-digit number Credit Card Identification Code [CID] is located on the back of your credit card on the signature line after the card number or last four digits of your credit card number. We cannot process your registration or hold a placement without this information.)

Name as Printed on Charge Card: _____

REFUND POLICY . . . Refunds will be made only when leagues are filed or canceled by the Johnson County Park and Recreation District. Refunds may take 2-3 weeks.

JCPRD is committed to making reasonable accommodations as required by the Americans With Disabilities Act. Requests must be made two weeks or ten working days prior to the start of the program. Please indicate what accommodations are needed: _____

I HAVE READ & UNDERSTAND THE WAIVER STATEMENT & CANCELLATION POLICIES; REGISTRATION INVALID WITHOUT SIGNATURE.

X _____ () - () -
 Manager Signature Manager Home phone # Manager Work phone #
 () - _____ Email _____
 Manager Cell phone # _____
 Address: _____ Street Apt # City State Zip