



Oxford Township Parks and Recreation Department  
2795 Seymour Lake Rd, Oxford, MI 48371  
Telephone: (248) 628-1720 • Fax: (248) 628-1854  
[www.oxparkrec.org](http://www.oxparkrec.org)

**Return this form to the Recreation Office by Wednesday, April 21, 2021**

## 2021 NORTH OAKLAND GIRLS FAST PITCH Softball Club Registration Form

**\*\*\*Use this form only if you have more than one age group from your city or organization registering\*\*\***

PLEASE "PRINT" ALL INFORMATION BELOW!

Club Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Phone \_\_\_\_\_  
Home Other

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Teams in the 2021 League

Put the number of teams in each division in the boxes below.  
List coaches & team information on the back side of form.

High School  14U  12U  10U

If there are enough teams in your age bracket we will make separate divisions according to the skill level of your teams. Please rate your teams as follows:

**All Stars:** Highly competitive team. Consistent pitching does well in tournaments. Plays in 4 + tournaments.

**Stars:** Competitive team. Plays in 2 - 3 tournaments.

**Champions:** Competitive recreational team. Team is just getting started in the travel program. No tournaments, except house tournaments.

\*\*\* Coaches names and phone numbers appear on schedules – do not put any numbers down you do not want publicized. E-mail and mailing addresses are used to mail Parks and Recreation information only.

## Please List Individual Information Below

AGE DIVISION _____	
COACH'S NAME: _____	<b>Team Rating:</b>
ADDRESS: _____ Street City Zip	All Stars <input type="checkbox"/>
PHONE: (____) _____ (____) _____ Home Other	Stars <input type="checkbox"/>
FAX: (____) _____ E-MAIL _____	Champions <input type="checkbox"/>

AGE DIVISION _____	
COACH'S NAME: _____	<b>Team Rating:</b>
ADDRESS: _____ Street City Zip	All Stars <input type="checkbox"/>
PHONE: (____) _____ (____) _____ Home Other	Stars <input type="checkbox"/>
FAX: (____) _____ E-MAIL _____	Champions <input type="checkbox"/>

AGE DIVISION _____	
COACH'S NAME: _____	<b>Team Rating:</b>
ADDRESS: _____ Street City Zip	All Stars <input type="checkbox"/>
PHONE: (____) _____ (____) _____ Home Other	Stars <input type="checkbox"/>
FAX: (____) _____ E-MAIL _____	Champions <input type="checkbox"/>

AGE DIVISION _____	
COACH'S NAME: _____	<b>Team Rating:</b>
ADDRESS: _____ Street City Zip	All Stars <input type="checkbox"/>
PHONE: (____) _____ (____) _____ Home Other	Stars <input type="checkbox"/>
FAX: (____) _____ E-MAIL _____	Champions <input type="checkbox"/>

AGE DIVISION _____	
COACH'S NAME: _____	<b>Team Rating:</b>
ADDRESS: _____ Street City Zip	All Stars <input type="checkbox"/>
PHONE: (____) _____ (____) _____ Home Other	Stars <input type="checkbox"/>
FAX: (____) _____ E-MAIL _____	Champions <input type="checkbox"/>