



# Chandler Girls Softball Registration

**Slow Pitch—\$60      Fast Pitch—\$70**  
 (one form per player, copy of birth certificate required for first time registrants)

**Walk-In Registration**

**Sat., Jan 7th (10 am -1 pm)**  
**Sat., Jan 14th (10 am -1 pm)**

Chandler Community Center  
 125 E. Commonwealth Ave  
 Chandler, Arizona

**Mail-In Registration**

Chandler Girls Softball  
 PO Box 228  
 Chandler, AZ 85244

**On-Line Registration**

www.cgsl.info

**Contact Us**

Email: softball@cgsl.info

Registration fee includes team jersey and player photo package  
 Family Discount—3rd registrant 1/2 off highest registration fee and 4th & up are free!  
 Make checks payable to CGS (\$25 fee for returned checks, non-refundable after Feb 11th)

SCHEDULE OF EVENTS	
<b>Fast Pitch Pitcher/Catcher Coach Evaluation</b>	Saturday Jan 28 at Folley Park
<b>7th Annual CGS-Chandler Gilbert Community College Clinic</b>	Saturday Jan 21st
<b>Coaches Meeting/Clinic *Coaches receive team rosters</b>	Saturday Feb 11th
<b>Opening Day/Picture Day</b>	Saturday March 31st Folley Park
<b>Game Days &amp; Times Guaranteed 12 Games</b>	1 to 2 games per week Mon-Fri evenings and all day Saturday

**PLAYER EXPERIENCE AND INFORMATION**

Please list number of years of organized softball experience: \_\_\_\_\_ yrs  
 Is player an experienced fast pitch pitcher or catcher?  Pitcher  Catcher  
 If yes, how many seasons of experience? \_\_\_\_\_ yrs

**PITCHER/CATCHER EVALUATION SAT., 1/28 AT FOLLEY PARK**

Is player planning to play on a school team this season?  Yes  No  
 Is player planning to play on a club team this season?  Yes  No  
 Has player played on a school/club team in the past 2 years?  Yes  No

Player Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  Birth Date Confirmed

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City & Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

School \_\_\_\_\_ Shirt Size \_\_\_\_\_ Email \_\_\_\_\_

**You May Sign Up with a Maximum of 4 players  
 Registration forms MUST BE SUBMITTED TOGETHER TO  
 GUARANTEE placement on the same team**

Player Name \_\_\_\_\_ Player Name \_\_\_\_\_  
 Player Name \_\_\_\_\_

**Division Sign-Ups (Age as of 12/31/2011)**

<input type="checkbox"/> T-Ball (4-6) - \$60	<input type="checkbox"/> 10u Fast Pitch (8-10) - \$70
<input type="checkbox"/> 8u Coach Pitch (6-8) - \$60	<input type="checkbox"/> 12u Fast Pitch - \$70
<input type="checkbox"/> *11u Slow Pitch - \$60	<input type="checkbox"/> 14u Fast Pitch - \$70
<input type="checkbox"/> *18u Slow Pitch - \$60	<input type="checkbox"/> 18u Fast Pitch - \$70

\*Divisions may be age realigned due to # of registrations

**VOLUNTEER TO COACH OR SPONSOR A TEAM!**

Coach Name: \_\_\_\_\_  
 Sponsor Name: \_\_\_\_\_

Coaches must sign a Background Check and Consent Form in order to be considered for a head coach position

**CHANDLER GIRLS SPRING CLINIC**

Yes, sign me up for the Saturday Clinic Jan 21st \$40

**EQUIPMENT REQUIRED**

Players are required to provide glove, helmet and shoes (rubber softball cleats are recommended). The league provides head coach with bats, balls and catcher equipment.

**FOR BOARD USE ONLY**

BIRTH CERTIFICATE CHECKED: \_\_\_\_\_  
 REGISTRATION FEE: \_\_\_\_\_  
 CGS/CGCC CLINIC (\$40): \_\_\_\_\_  
 FAMILY DISCOUNT: \_\_\_\_\_ - ( \_\_\_\_\_ )  
**TOTAL DUE:** \$ \_\_\_\_\_  
 CHECK # \_\_\_\_\_ BOARD INITIALS \_\_\_\_\_