



SUMMER 2017 SOFTBALL LEAGUES

TEAM FEE: \$280

PLAYER FEE: Resident Rate \$265 or Non-Resident Rate \$315

NORA reserves the right to cancel programs if the minimum enrollment is not achieved.

MANDATORY MANAGERS' MEETINGS:

Education Service Center Board Room

1415 Beechtree, Grand Haven

Tues., March 28 - 6:00 PM Men's Leagues

Tues., March 28 - 7:00 PM Co-ed Leagues

PRACTICE BEGINS: April 17 (2 weeks)

GAMES BEGIN: May 1 (10 game schedule)

REGISTRATION DEADLINE:

WEDNESDAY, March 22, 2017

\$10 fee will be assessed for late enrollment.

Payment MUST accompany entry form!

Team fee includes home game balls & scorebooks. Player fee covers cost of up to 20 players.
Resident teams are defined as a team roster consisting of 75% or more resident players.
Resident= Lives in GHAPS District Boundaries; GH City, GH Twp., City of Ferrysburg, or Robinson Twp

2017 LEAGUE OPTIONS

- MENS CHURCH M
- NEW!! CO-ED 7-3* W
- NEW!! MEN'S DBL HDR 1** W
- NEW!! MEN'S DBL HDR 2** W
- MENS RECREATION TH
- CO-ED TH
- CO-ED (B & C only) F



If league is divided into divisions, check preference. Final placement, NORA discretion.

A Division - Better than average skills

B Division - Low to Moderate skills

C Division - Little experience/low-key activity

If number of teams is not sufficient to divide into divisions, they will be combined. Exception; will not combine Fridays.

* New Coed 7-3 League is an option for teams that struggle to get one gender or the other to fill a whole team. So you could play with 7 males and 3 females minimum or vice versa. Other options for this league is 6-4 or 5-5 of each gender.

There will be 2 sessions of the Men's Double Header league this summer. Second session will begin just after first ends (tentatively June 7). **Registration deadline for session 2 is May 17, 2017.

Team Name _____

Manager Name _____

(Please Print)

Email address _____

Phone (Primary) _____ (Secondary) _____

Address _____ City _____ Zip _____

For Office Use Only:

Payment \$ _____ Cash Check

Visa/MC _____

Date _____ Intl. _____ Exp. _____

As Team Manager, I understand I am responsible for all player and team entry fees. My failure will restrict my personal participation in the Northwest Ottawa Recreation Authority activities until said time fees are paid. We hereby agree to waive all rights and claims for injuries sustained during participation against Sponsor, NORA or GHAPS.

Signature of Manager

Date

Register at the NORA Office, 1415 Beechtree St., Grand Haven, MI 49417

Fee due at time of registration. Mail in, walk in, use drop box or call 850-5125 - Visa/MasterCard accepted.

Make checks payable to "NORA" for Northwest Ottawa Recreation Authority. Become a fan or friend on FACEBOOK!

