



Eatontown Recreation
(Borough Hall)

47 Broad Street, Eatontown, NJ 07724
(732) 389-7607 or email: rec@eatontownnj.com



2010 Girls' Traveling Softball

Registration for the 2010 Girls Softball program will be from February 10^h through March 19th. Towns included in league are: Colts Neck, Eatontown, Tinton Falls, & River Plaza. All teams are based on **AGE**. Divisions will be created based on the child's birthday as of January 1, 2010

REGISTRATION ACCEPTED ON A FIRST COME FIRST SERVE BASIS –SPACE IS LIMITED.

Proof of age is required at time of registration. Office hours are 8:30 AM – 4:30 PM.

DIVISIONS ARE AS FOLLOWS:

Ages 8 and under (8U) → Coach pitches

Ages 10 & under (10U) → Modified fast pitch

Ages 12 & under (12U) → Modified fast pitch

Ages 14 & under (14U) → Fast pitch (High School Rules)

Ninth graders are eligible to play "14 & under" as long as they are 14 years old as of January 1, 2010.

Mandatory: Softball Evaluations will be held in mid March (date to be announced).

Practices will begin in late March & games begin early April.

The fee for the program is \$60.00 per child or \$90.00 per family. Checks must be made payable to the **Borough of Eatontown**. Refunds will only be given when requested prior to the first game. Free services are available to those without the ability to pay. Call the Recreation Office, at (732) 389-7607.

Registration form and payment are due by **Friday, March 19 2010 -400PM**. **First time players must provide copy of birth certificate. COACHES NEEDED!!!!**

Forms received after March 19th 4:00 PM will be subject to a late registration fee of \$20.00 (per family).

◆ For current and future recreation programs, visit our website at www.eatontownrecreation.com

While the Borough of Eatontown maintains liability insurance covering the Borough for injuries or expenses occurring by reason of its negligence, the Borough does not carry insurance to provide payment for medical expenses occasioned by injuries unrelated to fault on the part of the Borough or its employees.

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Girls Traveling Softball 2010

Adult Last Name _____ Adult First Name _____

Address _____ E-Mail: _____

Primary Telephone #: _____ Emergency #: _____

Players Name	Shirt Size	DOB	Age as of 01/01/10	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My child requires reasonable modifications because of a disability in order to participate. Yes _____ No _____