

**CHARLESTON CHURCH RECREATION ASSOCIATION**  
**SOFTBALL ENTRY FORM**

Church Name \_\_\_\_\_

Church Address \_\_\_\_\_

Church Phone \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

Asst. Coach's Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

Asst. Coach's Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

Other Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

**TEAMS**

Women \_\_\_\_\_ Men \_\_\_\_\_

*Please list below the times your team cannot play – State the reason – Example:  
Wednesdays, Bible School, Church Retreat, Scheduled Events, Etc.*

RETURN TO:           John Vencill  
                            2107 Oakridge Drive  
                            Charleston, WV 25311  
                            Phone: 344-9414