

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