

CHINO HILLS

SOFTBALL LEAGUE



BIG LEAGUE DREAMS
CHINO HILLS, CA

TEAM FEE: \$295

PLAYER FEE: \$30

START DATES

MONDAY (MEN'S & COED) - Aug 1st

FRIDAY (MEN'S & COED) - Aug 26th

THURSDAY (MEN'S) - Sept 1st

SUNDAY (MEN'S & COED) - Sept 25th



LOOKING FOR MORE INFORMATION? CALL US AT (909) 287-6900

Token Policy: Sunday Night - Friday, there is a \$5.00 fee to enter the Sports Park for all individuals 13 years of age and older.

Tournaments, the fee is \$8.00. Each person will receive a token worth \$1.00 off food or drink in the Stadium Club.

Absolutely no food or beverage is allowed to be brought into the Sports Park at any time.



CHINOHILLS.BIGLEAGUEDREAMS.COM



BLDCHINOHILLS



16333 FAIRFIELD RANCH ROAD, CHINO HILLS, CA 91709

Registration Form

Please print or type information. Please fill out form completely.

Team Name:

Night Registering For:

Monday_____ Thursday_____ Friday_____ Sunday_____

Type of Team and Division of Play Registering For:

Men's (M)_____ Coed (C)_____

Upper Division_____ Lower Division_____

Coach_____

New Team _____ Returning Team _____

Address_____

Last Season Played at _____

City_____ Zip_____

Assistant Coach_____

Home Phone () _____

Phone () _____

Cell Phone () _____

Email Address_____

I, the undersigned, understand that all team fees are due by the registration deadline. I understand that should my team fail to pay the team fee by the registration deadline date, a \$50.00 late charge will be added to the team's balance due. Any checks returned unpaid are subject to a minimum charge of \$25.00. Players and/or teams will be ineligible for play until the returned check plus the fee has been satisfied. I take full responsibility for the payment of the fees assessed to my team. Also, by signing below, I verify that I have read and understand the Big League Dreams® Sports Park Softball Rule Book and agree to abide by it. I also understand that all players must sign a Big League Dreams® Sports Park Acknowledgement and Assumption of Risk, Release, Waiver and Indemnity form prior to registering.

Signature_____ Date_____



Date _____
Paid _____ Cash _____ Check _____ Credit _____
Check # _____
Amount _____
By _____