Summer Softball

2025 LEAGUE REGISTRATION

Team Status

New ☐
Returning ☐
Last Year's Team Name _____

Team Name _____

Manager's Name _____
Required

Email Address: _____
Required

Phone Number: _____

My Team Should be Sanctioned USSSA

Men's ☐ C ☐ D Comp ☐ D Rec ☐ E
Women's ☐ C ☐ D
Co-Rec ☐ D Comp ☐ D Rec

Mailing Address: _____ City _____ Zip _____

Men's Sunday	Men's Monday	Men's Tuesday	Men's Wednesday	Men's Thursday
D 1 | $860	D 1 | $860	D 1 | 860	D1 | $860	D 1 | $860
D 2 | $860	D 2 | $860	D Rec 1 | $825	D Rec | $825	D 2 | $860
D 1 | $860	D 3 | $860	D Rec 2 | $825		D Rec 1 | $825
	Over 35 Rec | $780	D Rec 3 | $825	Over 50 | $825	D Rec 2 | $825
		D Rec 4 | $825		D Rec 3 | $825

Women's Wednesday

D Comp \| $860 D Rec \| $825

Co-Rec Sundays, Mondays, Fridays

Sunday DH 1 and 2 \| $930 Monday Rec DH \| $890 Friday Comp DH \| $930 Friday Rec DH \| $890

SELECT A LEAGUE: Please write the night of play and level of play for up to three choices listed above.

First Choice	Second Choice	Third Choice

I/we agree to indemnify and hold the City harmless from and against any and all liability with respect to any and all injury, illness or damages which may be suffered by myself and the members of my team arising out of, or in any way connected with the City of Burnsville facilities, programs, leagues and activities.

Manager Signature

League Fee from above $

Office Only ___CC ___Check Payment Amount_____

Date Received_____ Time Received_____ Received By_____

Make checks payable to:
City of Burnsville

Submit payment and form to:
City of Burnsville
Attn: Scott Heitkamp - Softball
100 Civic Center Parkway
Burnsville, MN 55337

Credit Card Payment
Credit card registration can be completed by emailing this form and then calling 952-895-4616 to process the payment.