



K C METRO SENIOR SOFTBALL LEAGUE

<http://kcseniorsoftball.org/>



**DRAFT CONFERENCE
REGISTRATION**

10 Week Schedule Beginning Mid-April 2017 (Unless Noted Otherwise)

PLEASE CHECK EACH CONFERENCE YOU WILL BE JOINING

<p>Saturday Morning (One 7-Inning Game) 60+ Draft Conference</p> <p>Roe Park 104th & Roe Blvd. Overland Park, KS 66207 Coordinator – Bob Reynolds</p> <p><input type="checkbox"/> \$35.00</p>	<p>Monday Evening (Two 7-inning Games) 10 Weeks – Start Date: 4/10/17 50+ Draft Conference Black Bob Park 14500 W. 151st St. Olathe, KS 66062 Coordinator – Jody Myers</p> <p><input type="checkbox"/> \$55.00</p>
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<p>Tuesday Evening (Two 7-inning Games) 50+ Draft Conference Independence Athletic Complex 17450 E. Salisbury Rd. Independence, MO 64056 Coordinator – Bob Reynolds</p> <p><input type="checkbox"/> \$40.00</p>	<p>Thursday Morning (Two 7-inning Games) 60+ Draft Conference Roe Park 104th & Roe Blvd. Overland Park, KS 66207 Coordinator – Larry Hightower</p> <p><input type="checkbox"/> \$40.00</p>
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PLUS \$20.00 membership dues (if not already paid on-line or through your team). Total Draft and membership dues: \$ _____. Make check payable to KCMSSL.

Please return this form, and if you are new to us the completed A-1 League Membership form (on our website), as well as your check for all fees to one of the Coordinators listed below by March 15th

PLAYER REGISTRATION	
Name: _____	Age: _____ Birth Date: _____
Telephone(s): Home: _____	Work: _____ Cell: _____
Physical Address: _____	
City: _____	ST: _____ Zip: _____
Email Address: _____	Years in League: _____
T-shirt size (Check one)	S M L XL XXL XXXL
I rate myself 1-5 (1 being highest) on offense: _____ defense: _____ running: _____ and overall: _____	
My best position is: 1: _____ 2: _____ 3: _____	
Yes or No: I am willing to manage a team: _____ I might consider helping manage: _____	

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