



KC METRO SENIOR SOFTBALL LEAGUE

<http://kcseniorsoftball.org/>



SPRING – 2024 DRAFT CONFERENCE REGISTRATION

PLEASE CHECK EACH CONFERENCE YOU WILL BE JOINING

<p>MONDAY Morning – 70+ @ Roe Park 104th & Roe Blvd., O.P., KS 66207 Starts – April 15th @ 9:30 & 10:30 AM 1st session–10 Weeks–Includes Play-offs Two Weekly 7-Inning Games + Play-offs Coordinators – Mike Curley & Tony Lenci \$29.00</p>	<p>TUESDAY Night – 50+ @ IAC 17450 E. Salisbury Rd. Independence, MO 64056 Starts – April 23rd @ 7:00 & 8:00 PM 1st Session – 10 Weeks / 20 Games Two 7-inning Games Each Week Coordinators – Ron Phillips & Jim Freund \$75.00</p>	<p>WEDNESDAY Night – 50+ Black Bob Park 14500 W. 151st, Olathe, KS 66062 Starts -- April 17th -- @ 6:30 & 7:30 PM 1st Session – 10 Weeks / 20 Games Two 7-inning Games Each Week Coordinators – Dave Hendrikse & Mike Emerson \$67.00</p>
<p>THURSDAY Morning – 60+ @ Roe Park 104th & Roe Blvd., O.P., KS 66207 Starts – April 25th @ 9:30 & 10:30 AM ONE 14 Week Session + 3 weeks of Play-offs Two Weekly 7-Inning Games + Play-offs Coordinators – Paul Heacock & John Hendel \$54.00</p>	<p>SATURDAY Morning – 60+ @ Roe Park 104th & Roe Blvd., O.P., KS 66207 Starts – April 20 - 8:00 & 9:00 AM ONE 15 Week Session / 30 Games Two 7-Inning Games Each Week Coordinators – Gary Pycior & John Lofflin \$58.00</p>	

Add \$20.00 - if female, and \$30.00 - if male, to the total above (for membership dues - if you have not already paid online, or via some other method). **NOTE:** 75+ year-old “Lifetime Members” (those who have paid once at age 75 or older) do not pay membership dues, but still need to register in order to be eligible to be added to team rosters and acknowledged as having participated.

Total amount due = \$ _____. Please make checks payable to KCMSSL.

You may personally hand this form (with payment) to one of your coordinators, or mail it (with payment) to one of your appropriate coordinator’s address shown at the bottom of this page. Additionally, if you plan to play in multiple conferences, you may mail it to one of the appropriate coordinators assigned to any of those conferences.

NOTE: If new to the KCMSSL, you will need to complete this info, online <https://leaguesheets.com/league/6>, or our Membership Application form <https://kcseniorsoftball.org/wp-content/uploads/2021/10/KCMSSL-Membership-Application-10-05-21.pdf>

DRAFT REGISTRATION

Name: _____ Birth Date (YYYY - MM - DD): _____

Telephone(s): Cell: _____ Work: _____ Home: _____

E.C.I. (Emergency Contact Information -- Enter name and ph. #) _____

Physical Address: _____ City: _____

State: _____ Zip: _____ Email Address: _____

T-shirt size (Check one): S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

If you are new to the KCMSSL: Please skill-rate yourself. Platinum ___ Gold ___ Silver ___ Bronze ___.

My favorite defensive positions are: 1) _____ 2) _____ 3) _____

Please answer “Yes” or “No”: I am willing to manage a team: _____ I might consider helping manage: _____

- | | | | | |
|---|---|--|---|---|
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