

VIGS 2019 Fall Ball  
Community Registration Form

*For use by member organizations only*

**To Register:**

Please print out this form, fill out information by hand, enclose your payment and Certificate of Insurance (if renewed since Spring) and mail everything **by August 23rd** to:

Chuck Files  
VIGS Treasurer  
1011 Morgan Lane  
Perkasie, PA. 18944

**Additional requirements-** Please complete the "Contact Information Form" and the "Field and Team Information Form" found online at [vigssoftball.com](http://vigssoftball.com) under the Documents Tab and email each form to the Commissioner @ [a2pwebdesign@gmail.com](mailto:a2pwebdesign@gmail.com) by **August 20th**. No roster submissions are required for Fall.

*By completing this form your community has read and agrees to all VIGS League and Playing Rules and meets the VIGS member criteria.*

**Community / Organization information:**

Community / Organization name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

President / Director: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Representitive: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Field Scheduler / Coordinator \_\_\_\_\_

Email address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Certificate of Insurance - Please enclose a copy. Expiration Date: \_\_\_\_\_

Team information (Fall 2019) : \$260.00 / Team (Check-off Age Group)

15u/19u	Pmt./Team	Coach's Name	Cell Phone	Email
/	\$	_____	_____	_____
/	\$	_____	_____	_____
/	\$	_____	_____	_____
/	\$	_____	_____	_____
Total \$		<input type="text"/>		

Use additional copies if necessary.

***For VIGS use-***

Date registered:

Check #:

Check Amount:

COI Enclosed: yes / no