

SUMMER RocSoftball @ Cobb's Hill Team Registration Form

Team Name: _____ Manager Name: _____

Manager Address: _____

City: _____ State: _____ Zip: _____

Manager Cell: _____ Email Address: _____

Asst. Manager Name: _____ Asst. Manager Cell: _____

League Type (Pick preferred night of play under desired league type drop down):

- Men's:
- COED:

Skill Level (pick one):

Please Make Checks Payable to:

City Treasurer
131 Elmwood Ave.
Rochester, NY 14611

**If Mailing please write
Attention: Mike Corey, GVP Sports Complex**

Check, Money Order, and Credit Card Only!

*** Credit Card Payments can be made by
calling the City @ 585-428-7564 ****

Summer League Fee Info:

\$750 per team for 10 game season*

"First come, first serve"

For more information:

- Email: rocsportsny@yahoo.com
- Phone/Text:
Pat (Coed) (585) 455-7827
Jim (Men's) (585) 203-6298
- Website: www.rocsportsny.com

Office Use ONLY:

Batch # _____ CR # _____ MR# _____

Amount: _____ Paid By: _____

*****In the event a season cannot be complete
due to extreme inclement weather, no refunds
will be issued. ALL efforts will be made to
play each season to its full completion*****



City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council