

NOTICE

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Enclosed you will find your 2019 Fall Softball Application. In order for you to have a full understanding of all the information, please let us emphasize that you need to carefully read the Instructions, Information Policies, County Rules, and County Tournament information.

REGISTRATION PROCEDURES

Lexington County Recreation is now accepting online registration with Credit/Debit card payment at www.lcrac.com beginning June 27, 2019.

Registration Fee: \$310.00

DEADLINE for REGISTRATION – July 25, 2019

****ALL REGISTRATIONS THAT ARE ACCEPTED IN PERSON, BY MAIL OR OVER THE PHONE WILL REQUIRE A \$150.00 DEPOSIT TO OFFICIALLY RESERVE A SPOT IN OUR SOFTBALL LEAGUES****

*Walk-In Registration & fees will be accepted through our office
Monday-Friday 9:00am-12:00pm & 2:00pm-5:00pm*

****FEES MUST BE PAID IN FULL BEFORE THE SECOND GAME OR YOUR TEAM WILL BE RESPONSIBLE FOR A \$25.00 LATE FEE AND/OR FORFEITURE OF THE SEASON****

Make checks payable to - Lexington County Recreation

******On Friday, July 19, 2019 & July 26, 2019 @ 8:30am we will begin taking reserved practice times for the following week (Monday thru Thursday)******

Mail registration forms and check to:

Pine Grove Sports Complex
701 Old Barnwell Rd.
West Columbia, SC 29170

FOR RAINOUT INFORMATION CALL 356-9095

2019 Fall Softball Instructions

The Lexington County Recreation Commission is accepting applications for its Fall Softball Season. Enclosed is an application form. Online Applications will be accepted beginning, **Thursday, June 27, 2019 at www.lcrac.com** (Teams must pay the registration fee in full if registering online. Click on **Adult Athletics** & click on **Slowpitch Softball** to reach the registration information). Walk In registrations will be accepted (**CASH/CHECK/MONEY ORDER**) Monday – Friday 9:00am-12:00pm & 2:00pm-5:00pm at our office located at **Pine Grove Sports Complex**, 701 Old Barnwell Rd., West Columbia, SC 29170. The registration fee or \$150 deposit must accompany the application. **There will be no exceptions!** Any registration taken over the phone will require a \$150 deposit to officially reserve your team's spot in our softball leagues. **No applications will be accepted prior to the registration date.**

League Play BEGINS- MONDAY, AUGUST 5, 2019

PLEASE PROVIDE AN ACTIVE EMAIL ADDRESS TO YOUR REGISTRATION SHEET. SCHEDULES WILL BE EMAILED TO THE EMAIL ADDRESS (IF PROVIDED). IF YOU DO NOT PROVIDE AN EMAIL ADDRESS, YOUR SCHEDULE WILL AUTOMATICALLY BE MAILED.

- A. NOTE:** If you register two teams on the same night (i.e. Coed and Men's D) you must confirm the scheduling conflict at the time of registration.
- B.** All churches must indicate on this application if you have a schedule conflict due to **REVIVALS**. If you fail to do so on the application, your game will stand as scheduled and will not be considered for changes during the season. Active participation, rather than church membership are the requirement in all classifications of church play. **(Pastors Signature is required on rosters).**
- C.** Lexington County Recreation reserves the right to change your classification if deemed necessary. After all fields have been filled on a given night at Pine Grove Sports Complex, we will swap teams, **if necessary**, and change classification of teams to assure equality in leagues.
- D. ONCE WORK ON THE SCHEDULES HAS STARTED NO REFUNDS WILL BE PERMITTED.**

On the following page is an application form for leagues to be completed. Please check a **1st, 2nd, and 3rd choice** beside each league night you wish to play. Remember if your first choice can't be filled, we will use your second or third.

PINE GROVE COMPLEX

MONDAY

Men's Church _____
Men's D _____
Women's Church _____
Church Coed _____

TUESDAY

Men's Church _____
Church Coed _____
Coed _____
Men's D _____
Women's D _____

WEDNESDAY

Coed _____
Men's D _____

THURSDAY

Men's D _____
Coed _____

Please complete the following information accurately and legibly:

TEAM NAME: _____

CONTACT PERSON:

1. NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

EMAIL: _____

HOME: _____ **WORK:** _____ **CELL:** _____

2. NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

EMAIL: _____

HOME: _____ **WORK:** _____ **CELL:** _____

ROSTER

****ROSTERS MUST BE RETURNED ON THE SHEET PROVIDED****

TEAM NAME: _____

COACH: _____

ADDRESS: _____

Email: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (H) _____ **(W)** _____ **(C)** _____

1. _____

16. _____

2. _____

17. _____

3. _____

18. _____

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29. _____

15. _____

30. _____