



Milwaukee Recreation  
2414 W. Mitchell St.  
Milwaukee, WI 53204  
P: 414.647.6041  
[mkerec.net](http://mkerec.net)

## **2025 AFFILIATED SOFTBALL LEAGUES**

### **APPLICATION**

LEAGUE NAME: \_\_\_\_\_ # OF TEAMS: \_\_\_\_\_

SPONSORING BODY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_  
OFFICER'S SIGNATURE

### **LEAGUE DIRECTOR'S RESPONSIBILITIES**

1. Turn in completed application, all participating team contracts along with team fees to the Adult Sports Office by **March 7, 2025**. These items shall be turned in together.
2. Collect all fees from teams and submit to the Adult Sports Office approximately two-weeks before the start of the season.
3. Provide desired league format and details (i.e. game times, game locations, special requests, etc.).
4. Handle any protests, if applicable.
5. Provide team awards, if applicable.

The sponsoring unit must be an organization. All team entries must be approved by the League Director and must abide by the residency rules. All players in an affiliated league must be a member of the sponsoring organization, which they represent. Affiliated leagues must assume total responsibility when determining minimum age (18) and other participation requirements.

Under the terms of affiliation, a league retains its identity, but will be under the technical direction of the Adult Sports Office. An affiliated league has its own League Director, appointed by the sponsoring body. In general, the League Director acts as a liaison between the League and the Adult Sports Office.

As an officer of the sponsoring organization for the above league, I have read the basic regulations governing an affiliated league. The above league agrees to comply with these regulations if our application is approved and have appointed the following League Director.

LEAGUE DIRECTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ HOME PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
LEAGUE DIRECTOR'S SIGNATURE

**\*\* COMPLETE REVERSE SIDE \*\***



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**Please complete this portion asking for desired league format and details. We will do our best to honor your requests.**

# OF TEAMS:

WEEKNIGHT OF PLAY:

START DATE:

LOCATION:

GAME TIMES:

LENGTH OF SEASON:

DOES YOUR LEAGUE HAVE PLAYOFFS?

IF YES, PROVIDE DETAILS:

DOES YOUR LEAGUE USE A MAT?

LIST ANY OTHER DETAILS (skip dates, double-headers, special requests):

Please submit this completed application and all participating team contracts along with team fees to the Adult Sports Office by **March 7, 2025**. These items shall be turned in together.