



Placerville Prospectors Senior Softball Club Membership Application

Name: _____

Date of Birth: _____

E-Mail Address: _____
_____@_____._____

Name of Spouse: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please send payment to:
Placerville Prospectors Senior Softball Club
Attn: BILL CHICOINE
1340 BUGBY LN.
FOLSOM, CA 95630

I hereby apply for membership into the Placerville Prospectors Senior Softball Club. I am aware that the Club is a non-profit organization operating under a set of By-Laws/Rules. I recognize that it is my responsibility as a Club member to actively support and participate in games, practices, social functions, field preparation, and other requests from the team managers or from the Board of the Club. I am also aware that the Club is not liable for injuries that may occur during, or while traveling to or from, activities. Furthermore I am, and will continue to be covered, by my own medical insurance while I am a member of the Club.