



SIGN-UP FORM

**PLAYER SIGN-UP DEADLINE
JUNE 20, 2026**

**SAT. AUG. 8th
EL DORADO
PARK**

2800 N. STUDEBAKER RD,
LONG BEACH, CA 90815
(SOFTBALL FIELD #4)

YOU MUST BE PRE-REGISTERED TO PLAY

PLAYER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Sex: M F

Email address: _____

Throw: Right Left Both Catch: Right Left Both

Have my own glove: Yes No Have my own bat: Yes No

Position(s) preference: _____ Do you need a pinch runner? Yes No

Rate your skill level: Beginner Intermediate Advanced

Player shirt size: Small Medium Large XL 2XL 3XL

Walk-up song (artist /song) _____

DISCLAIMER FOR LIABILITY: I the undersigned participant, certify that I have read and am familiar with the rules and agree to abide by the rules as listed and by any changes to rules as set forth by the event coordinator. I understand that there are inherent risks in participating in this activity. Further, I hereby agree to indemnify and hold harmless the Southern California Twin Town Alumni, Twin Town Treatment Center, its agents, commissioners, officers, volunteers, officials and employees ("Released Parties") from any and all liability for personal injuries or damages I may hereafter sustain while participating in, traveling to or from, or observing of the Event sponsored activities whether such personal injuries or damages are caused by the negligence of the Released Parties or otherwise, to the full extent permitted by law. I also give permission for any photos/videos of these participants taken during the program to be used for future Twin Town Alumni promotional materials.

I am 18 years of age or older, have read and acknowledge the terms of liability. Player initials: _____

\$40 PER PLAYER FEE (No Refunds)

Player signature: _____ Date: _____



BUY AN EXTRA T-SHIRT

Support the Alumni and purchase a commemorative event shirt!

All shirts are men's style:

Shirt Size: Small Medium Large XL 2XL 3XL

Qty. _____ Qty. _____ Qty. _____ Qty. _____ Qty. _____ Qty. _____



Amount Paid: _____ Cash Check # _____ Received By: _____ Date: _____

MAIL CHECKS TO:
S.C.T.T.A.A.
P.O. BOX 2771, CYPRESS, CA. 90630

HAVE A QUESTION?
Contact Event Coordinator:
Greg G. 714-420-4734