

Team Information Sheet-Recreation League

Team Name: _____ Age Bracket: _____

Manager Info:

Name: _____ Home #: _____

Address: _____ Work #: _____

CityStZip: _____ Cell #: _____

e-mail address: _____

Asst. Manager Info:

Name: _____ Home #: _____

Address: _____ Work #: _____

CityStZip: _____ Cell #: _____

e-mail address: _____

Additional Contact Info:

Name: _____ Home #: _____

Address: _____ Work #: _____

CityStZip: _____ Cell #: _____

e-mail address: _____

PLEASE LIST DATES TEAM WILL BE UNABLE TO PLAY

(Remember to check with your schools concerning music programs, graduations, major testing, etc.)

Please check which seasons you plan to play this year: Spring _____ Summer _____ Fall _____