

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.)

Do you want to play one night a week double headers?

Yes _____ No _____

Please check which seasons you plan to play this year:

Spring _____ Summer _____ Fall _____