

TEAM REGISTRATION FORM

DATE: / / 2022

SPORT: Adult Summer Softball

Which league are you registering for? Men's Co-Ed

Team Name: _____

Manager's Name: _____

Manager's Address: _____

Manager's phone number: _____

Manager's Email: _____

The information I have provided is true and correct. As the team manager, I agree to forward all necessary league information to my team members.

Signature of Manager: _____