ADULT LEAGUE SOFTBALL

TEAM & MANAGER INFORMATION: (please print legibly)

Home Phone:			Cell Phone:			_
Email:					<u></u>	
Assistant Manag	er's Name					
Home Phone:			Cell Phone:			
LEAGUE INFO	<u>ORMATION</u>					
Season (circle o	one): 1 2	3 4 5	6→	Single Header or	Double Header	(circle)
League Night: Division:	O Sunday O Men's C O Coed Inter (highest league)	O Monday O Men's D1 O Co-Rec 1	O Tuesday O Men's D2 O Co-Rec 2	 Wednesday Women's Rec Co-Rec 3 (lowest league)	O Thursday O Women's Int	O Friday
▷ If your team take	kes 1 st or 2 nd place	e in your league,	would you prefer to	o receive TROPHY or G	IFT CERTICIFATE (circle)
effort to place teal TEAM ROSTER	ms in divisions ap	propriate to thei	r skill level.	e division they choose. \ be provided to the team	ŕ	every
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Manager's Signature:				Date:		
Notes/Special	Requests for	the season:				

Team Name ______Manager's Name _____

Address_____ City _____ State ____ Zip ____

Office: 623-581-6000 \odot Schedule/Weather Hotline: 623-581-9364 \odot

Fax: 623-581-6676 ⊙ Web: www.playvictorylane.com