



Please print & fill out completely.

Section A - TEAM MANAGER

Last Name	First Name	Home Phone	
Street Address	E-Mail	Work Phone	
City	State	Zip	Cell Phone

Team Name _____

Sport	Division	Classification	
<input type="checkbox"/> Baseball	<input type="checkbox"/> Men	<input type="checkbox"/> Upper	<input type="checkbox"/> Open
<input type="checkbox"/> Basketball	<input type="checkbox"/> Women	<input type="checkbox"/> Lower	<input type="checkbox"/> Masters
<input type="checkbox"/> Indoor Soccer	<input type="checkbox"/> Coed	<input type="checkbox"/> A	
<input type="checkbox"/> Softball		<input type="checkbox"/> B	
<input type="checkbox"/> Volleyball		<input type="checkbox"/> C	
		<input type="checkbox"/> D	

No games all day on this date _____

Revised 2/11 YS-760



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