

SUMMER TEAM INFORMATION SHEET (please type or print clearly)

TEAM NAME _____ Div. Requested _____

Captain/Coach: _____

Mailing Address: _____

City/Zip: _____

Phone Numbers:

PRIMARY # (____) _____ SECONDARY # (____) _____

E-mail: _____

If you do not wish to receive calls at work, do not include your work number.
ALTERNATES - Persons to contact in the event the Captain/Coach is not available.

Name: _____ PRIMARY # (____) _____

SECONDARY # (____) _____ E-mail: _____

Name: _____ PRIMARY # (____) _____

SECONDARY # (____) _____ E-mail: _____

Jersey Color: _____ Alternate: _____

My team will play 10:00 AM games on Sunday mornings: YES NO (Circle One)

SPECIFIC SCHEDULING REQUESTS ONLY.

This section is for teams that require a specific playing time. All games are scheduled for Sundays, and games will not be scheduled for Sunday, July 5th. No postponements or reschedules will be allowed, except for weather issues.

While every effort is made to honor each request, field availability, weather, etc. may affect request.

*Please mark the two (2) week nights that are best suited to your team
in the event any night games need to be scheduled.*

(1) First preference (Circle One)

(2) Second preference (Circle One)

(1) Monday Tuesday Wednesday Thursday Friday

(2) Monday Tuesday Wednesday Thursday Friday