

Southern Minny - 2010

Girls' Fast Pitch Team Registration

Please return this completed sheet with league fee
ONE FORM PER TEAM - PLEASE MAKE COPIES IF YOU NEED MORE

Team Name _____

Town _____ Field name(s) _____

*Level of Play? Please circle Dazzling Blooming Stars

*IF THERE ARE ENOUGH TEAMS TO DIVIDE THE LEAGUES IT WILL BE DONE ACCORDING TO ABILITY.

Age Group? Please circle U18 U16 U14 U12

Preferred night for home games? _____ (Nights of play listed below)

Preferred night must be one of the nights listed below for your league!

U12 - Tuesday/Thursday	U14 - Monday/Wednesday
U16 - Monday/Wednesday	U18 - Tuesday

Coaches Name _____ Mailing Address _____

City _____ State/Zip Code _____

Phone number you wish printed on the schedules (example cell #) _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Fax Number (_____) _____ - _____ e-mail _____