

Lake City Slow Pitch Softball Association

20__ TEAM REGISTRATION FORM

League(circle one): Men's Women's Coed

Team Name:_____

Team Manager Name:_____

Team Manager Address: _____

Team Manager Phone number:_____home/work/cell

When can team manager be reached? From _____ to_____

Additional contacts if the team manager is not available:

Name:_____ Phone:_____

Name:_____ Phone:_____

Team Sponsors:_____

Night/Division:

Mens: Monday Tuesday Thursday

Womens: Upper Lower

Coed: Friday