



Adult Softball Team Entry Form

YEAR: _____ **SEASON:** Spring Fall
(circle one)

Team Manager: _____

Address: _____
Information will be mailed to this address.

Home Phone #: _____ Business Phone #: _____

Name of Team: _____
As you want it to appear on the schedule.

Sponsors Name: _____

Type of Team (circle one)

- | | | |
|-----------------------|-----------------------|-------------------------|
| Men's Church | Co-Ed Church | Women's Church |
| Men's Industrial | Co-Ed Industrial | Women's Industrial |
| Men's Rec. Industrial | Co-Ed Rec. Industrial | Women's Rec. Industrial |
| Men's Rec. Open | Co-Ed Rec. Open | Women's Rec. Open |

Managers Signature: _____

Initial here if you will allow your name and phone numbers to be given out to
persons requesting them for tournaments. _____