Team Name: _____ **Manager's Name** (1ST Contact): _____ **Mailing Address OR Email**: _____ _____ **Phone Number(s)**: 1_____ 2_____	**2017 Softball** **CIRCLE ONE** **Co-Ed** **OR** **Men's**

PLEASE FILL OUT THE FOLLOWING INFORMATION COMPLETELY FOR EACH PLAYER:

*2nd & 3rd contacts should also be able to contact other members of your team in case the team manager is unavailable

NAME	PHONE #1	PHONE #2	MAILING ADDRESS or E-MAIL ADDRESS
***2nd** Contact Person			
***3rd** Contact Person			

NAME	PHONE #1	PHONE #2	MAILING ADDRESS OR EMAIL ADDRESS