

# ABILENE SLOWPITCH SOFTBALL ASSOCIATION

## TEAM INFORMATION

Team Name \_\_\_\_\_

Manager's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus, Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Asst. Mgr's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### Leagues Available

Men: Recreation [ ] Tues & Thurs Nights      Women: Recreation [ ] Monday Night  
Church [ ] Monday Night                              Novice [ ] Monday Night

Co-Ed: Recreation [ ] Wednesday Night

Please place our team NO lower than Division \_\_\_\_\_  
(Will not be honored if your Team asks for a specific Night)

League awards preferred:      Trophies \_\_\_\_\_ T-shirts \_\_\_\_\_  
:.....

### FOR OFFICE USE ONLY:

Amount Deposit Paid: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_

No. Player Contracts: \_\_\_\_\_ Amt Pd \_\_\_\_\_ Receipt # \_\_\_\_\_ Date \_\_\_\_\_