ABILENE SLOWPITCH SOFTBALL ASSOCIATION
SPRING 2012
TEAM INFORMATION

Team Name _____

Manager's Name _____ Home Phone _____

Address _____ Cell Phone _____

City _____ Zip Code _____

Email Address _____

Asst. Mgr's Name _____

Address _____ Home Phone _____

City _____ Cell Phone _____

Email Address _____ Zip Code _____

Leagues Available

Men's: Recreation [ ] Tues & Thurs Night Women's: Recreation [ ] Monday Night
Church [ ] Monday Night Novice [ ] Monday Night
Church Co-Ed [ ] Monday Night

Co-Ed: Recreation [ ] Wednesday Night

Please place our team NO lower than Division _____
(Will not be honored if your team asks for specific night)

League awards preferred: Trophies _____ T-Shirts _____

FOR OFFICE USE ONLY:

Amount Deposit Paid: _____ Receipt# _____ Date _____

No. Player Contracts: _____ Amt Paid _____ Receipt # _____ Date _____

Registered: YES NO