

## Intent to Franchise Form

Submittal of this form hereby gives notice that it is our intention to franchise and play with the Southern Softball organization for the upcoming season.

Failure to receive this Intent To Franchise on or before January 1st may result in loss of established boundary to a nearby league.

Current Season:            20\_\_\_\_\_

League Name:              \_\_\_\_\_

Franchise Number:        **SS-**\_\_\_\_\_

Mailing Address:          \_\_\_\_\_

Physical Park Address:    \_\_\_\_\_

League President:        \_\_\_\_\_

Phone Number:            \_\_\_\_\_

e-mail :                      \_\_\_\_\_

Please complete and return to: **lee-overstreet@southernsoftball.com**

Or mail to: **Southern Softball PO Box 261 Old Hickory TN 37138**