

# Lake City Slow Pitch Softball Association

## 20\_\_\_\_ TEAM REGISTRATION FORM

League(circle one):                      Men's              Women's              Coed

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

Team Manager Name:\_\_\_\_\_

Team Manager Address: \_\_\_\_\_

\_\_\_\_\_

Team Manager Phone number:\_\_\_\_\_home/work/cell

When can team manager be reached? From \_\_\_\_\_ to\_\_\_\_\_

Additional contacts if the team manager is not available:

Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Team Sponsors:\_\_\_\_\_

\_\_\_\_\_

### Night/Division:

Mens:              Monday              Tuesday              Thursday

Womens:              Upper              Lower

Coed:              Friday