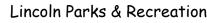
Baseball / Softball Field Draft



Office Use Only



		Team #	_
Team Name		Date Paid	Туре
		Confirmation	Insurance
Age Group		_	
Primary Team Contac	t - Head Coach		
Vame			
Address			······································
City	Zip		
Phone: Cell	Work		
Home	Email		
Address			
City	Zip		
Phone: Cell	Work		
Home	Email		
Additional Contact - F	ield Prep. / Asst. Coach		
Name			
Address			-
City	Zip		
Phone: Cell	Work		
Home	Email		