



TEAM INFORMATION SHEET

TEAM NAME: _____

LEAGUE: _____

TEAM MANAGER: _____

ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL #: _____

EMAIL ADDRESS: _____

Check here to have a schedule faxed or emailed to you: _____

ASSISTANT MANAGER: _____

HOME PHONE #: _____

WORK PHONE #: _____

PAYMENT INFORMATION

Cash ___ Check ___ Amount: \$ _____ Check: # _____

Credit Card (type/number) _____ DOE: _____