

Grand Forks Softball Association League Registration Form

Team Name:

Previous Team Name: (If Applicable):

Mens League

Co-Ed

Womens League (Monday Night Only)

Admin Only

| Receipt | Amount |
|---------|--------|
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Night of Play:

1st Choice Monday Tuesday Wednesday Thursday

2nd Choice Monday Tuesday Wednesday Thursday

Managers Information:

Name:

Address:

City State Zip Code

Email Address

Phone Number

Main Sponsor Details

Name:

Address:

City State Zip Code

Phone Number