## **TEAM INFORMATION SHEET**

(PLEASE TYPE OR PRINT CLEARLY)

## **RETURNING TEAM, RETURNING TEAM WITH NEW NAME OR NEW TEAM?** (Circle One)

TEAM NAME:	Requested Div.:
Home Jersey Color:	Alternate Jersey Color:
Preferred HOME Field:	Alternate field:
Please note any Sundays that you cannot play, have with an ALL Sunday schedule. <b>NOTE:</b> Premier Park and \$100 fee for postponements to	<b>9AM GAMES?</b> YES NO (Circle One) preferred playing times, and/or any other conflicts you might. There is a fee of \$50 for postponements to the scheduled at be scheduled to be played elsewhere.
While every effort is made to honor each requ	uest, field availability, weather, etc may affect your request.
(1) First Preference (circle one)	ted to your team in the event any midweek games are required.  (2) Second Preference (circle one)
Mon. Tues. Wed. Thurs. Fri.	Mon. Tues. Wed. Thurs. Fri.
Captain/Coach:	D.O.B
Mailing Address:	
City/Zip:	Email:
Primary Phone:Landline or Cell? (circle one)	
ALTERNATE CONTACTS: Person(s) to contact in	n the event Capt/Coach cannot be reached:
NAME:	Primary Phone:
Secondary Phone:	Email Address:
NAME:	Primary Phone:
Secondary Phone:	Email Address: