

Team Information Sheet

Team Name: _____

Division (League): _____

Level of Play (Class) Preferred: _____ Please Circle one:

A (Competitive-5 HR), B/C (Competitive-3 HR), D (Rec-2 HR)

Team Manager's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

E-mail: _____

Schedule Requests: _____

***Schedule requests will be considered but aren't guaranteed.**