



Divison: _____
 Eve: _____ Time _____

2017 CENTENNIAL SLO-PITCH LEAGUE

NEW & RENEWAL TEAM APPLICATION FORM

TEAM NAME : _____

REPRESENTATIVE NAME: _____
 Phone _____
 Address _____
 City _____ Postal Code _____
 E-mail: _____

Nights available to play in 2017 (Please MARK): Eve and Division.

Preferred Eve	MON	TUE	WED	THU
Divisions Available	COED Only	Mens only	Ladies Seniors Mens	Mens only

Nights NOT Available in 2016: (Please circle): no MON, no TUE, no WED, no THU

In "2017" rate our team (Please circle):
 MENS / Women / Masters / COED: Calibre: Better, Worse,
 Same

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