

SPRING-SUMMER 2024

ADULT SOFTBALL MANAGER'S CARD

NAME OF TEAM _____

MANAGER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____

Returning Team _____ New Team _____ (Name of team last season) _____

League Desired: -----

Men's Slow Pitch League

MONDAY E _____

THURSDAY D _____