TEAM NAME: LEAGUE: 4B2											
Captain Name				Captain CELL	Phone Number						
					Captai	in Email					•
Co-Captain Name				Co-Captain Cell Number							
					Co-Captai	n Email					•
Resident Fee:	\$20.00	Non-Resident Fee:									
	N	ame	Initial	Cell F	Phone	En	nail		ident Yes or No ill confirm)	Shirt Size (Adult) Circle One	
1								YES	NO	S M L XL	MALE FEMALE
2								YES	NO	S M L XL	MALE FEMALE
3								YES	NO	S M L XL	MALE FEMALE
4								YES	NO	S M L XL	MALE FEMALE
5								YES	NO	S M L XL	MALE FEMALE
6								YES	NO	S M L XL	MALE FEMALE
7								YES	NO	S M L XL	MALE FEMALE
8								YES	NO	S M L XL	MALE FEMALE

Office	Team Number	Total Due		Team Fee	Team Fee Paid	Date
Use:	SO:	\$		\$60.00		