

CROWLEY MEN'S/WOMEN'S SOFTBALL LEAGUE
APPLICATION FOR FALL 2009 LEAGUE
PLEASE SUBMIT THE FOLLOWING INFORMATION AND ROSTER:

TEAM NAME: _____

TEAM CAPTAINS: _____
(2 REQUIRED) NAME NAME

ADDRESS: _____

PHONE NO.: _____

TEAM ROSTER: (10 PLAYERS REQUIRED – MINIMUM 4 WOMEN)

- | | |
|----------|-----------|
| 1. _____ | 10. _____ |
| 2. _____ | 11. _____ |
| 3. _____ | 12. _____ |
| 4. _____ | 13. _____ |
| 5. _____ | 14. _____ |
| 6. _____ | 15. _____ |
| 7. _____ | 16. _____ |
| 8. _____ | 17. _____ |
| 9. _____ | 18. _____ |

OFFICIAL COMMITTEE USE ONLY:

Received total amount of \$ _____ from the above team on _____.

\$ _____

\$ _____