

**BISMARCK SLOWPITCH SOFTBALL ASSOCIATION**  
TEAM REGISTRATION FORM

DID TEAM PLAY IN THE BISMARCK ASSOCIATION LAST YEAR?

IF YES, WHAT WAS THE TEAM NAME LAST YEAR? \_\_\_\_\_

WHAT NIGHT DID TEAM PLAY LAST YEAR? \_\_\_\_\_

IF NO, WHAT IS THE ESTIMATED CLASS OF NEW TEAM? (CIRCLE ONE)    B    C    D    RECI    RECII    RECIII    RECIV

WHAT NIGHT DO YOU WANT TO PLAY THIS YEAR?

FIRST CHOICE \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_

MANAGER'S ADDRESS \_\_\_\_\_

MANAGER'S PHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_

TEAM NAME LAST YEAR \_\_\_\_\_

TEAM NAME THIS YEAR \_\_\_\_\_