

**DALLAS SOFTBALL MANAGERS ASSOCIATION
REGISTRATION FORM
Spring 2011**

(please print)

TEAM NAME _____

MANAGER _____

MAILING ADDRESS _____ SUITE/APT # _____

CITY _____ ZIP _____

DRIVER'S LICENSE # (**REQUIRED**): _____

WORK # (____) _____ EXT ____ FAX # (____) _____

HOME # (____) _____ CELL # (____) _____

EMAIL ADDRESS-**REQUIRED** (daytime accessible) _____

PLEASE LIST BELOW THE NAMES AND PHONE NUMBERS OF TWO PLAYERS OR COACHES WHO CAN BE CONTACTED IN THE EVENT OF AN EMERGENCY WHEN THE MANAGER CANNOT BE REACHED:

NAME _____ WORK () _____ HOME () _____

NAME _____ WORK () _____ HOME () _____

PLEASE CHECK YOUR TEAM'S CLASSIFICATION, FIELD, AND DAY/NIGHT:

() Men's C	() Churchill	() Monday
() Men's C/D	() Fair Oaks	() Tuesday
() Men's D	() Kiest	() Wednesday
() Coed C/D		() Thursday
() Coed D		() Friday
		() Sunday (begin 4:00)

FOR OFFICE USE ONLY:

Paid Cash _____	Paid Check _____	Paid Credit Card _____
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