

Application to become a Team Rep in the Hyannis Softball League

Your Name: _____

Mailing Address: _____

Daytime Phone #: _____

Evening Phone #: _____

Cellular Phone #: _____

E-mail Address: _____

Team Name: _____

Please list any players that have *committed* to being on your team:

	Player	Status / Level
1		/
2		/
3		/
4		/
5		/
6		/
7		/

	Player	Status / Level
8		/
9		/
10		/
11		/
12		/
13		/
14		/

Status: 1- currently playing in Hyannis Softball League
 2- previously played in Hyannis Softball League
 3- played last season in another softball league
 4- no league experience
 5- don't know

Level: A- "A" caliber player
 B- "B"-caliber player
 C- "C"-caliber player
 D- don't know

I have read the rules of the Hyannis Softball League and agree to abide by them.
 If approved as a Team Rep, I understand that my team's annual \$1,000 dues must be remitted within 15 days of my notification.

Mail to: Hyannis Softball League
 124 Cottonwood Lane
 Centerville, MA 02632

Signature