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- donôt know

Level: A- ñAò caliber player
B- ñBò-caliber player
C- ñCò-caliber player
D- donôt 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 teamôs annual $1,150 dues must be remitted within 15 days of my notification.

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

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Signature