

United Girls Softball League

Application for Membership

2010

Division: _____

Team Name: _____

Authorized Representative (Manager): _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail Address: _____

Coaching Staff/Scorekeeper: _____

Team Colors (shirt/pants): _____

Home Field: _____ Does your field have lights? Y / N

Field Address: _____ City: _____

Do you share your field with other teams? Y / N How many teams share this field? _____

Name of other teams: _____

Requested home night: _____ Alternate night: _____

Insurance Company: _____ Policy #: _____

Designated School(S): _____

Name of Organization: _____

President: _____

Address: _____ Phone: _____

UGSL Use Only

Payment of Fees/Dues: _____ Bond: _____

Comments: _____