



MANAGER INTEREST CARD – ADULT SLOW PITCH SOFTBALL

League: (circle one) Women’s Coed (Sun, Tues, Thurs) Men’s (MON.) (FRI.)

(Please Print)

TEAM NAME _____

MANAGERS – LAST NAME _____ FIRST _____

EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

HOME # _____ WORK # _____ CELL # _____

SECOND CONTACT PERSON _____

HOME # _____ WORK # _____ CELL # _____

DID YOUR TEAM PLAY LAST YEAR: Yes _____ No _____ If yes, how many years _____

If yes, what night and division _____

If yes, last year’s team name & mgr name? _____

LEVEL OF SKILL: Top (1) _____ Good (2) _____ Average (3) _____ Beginner (4) _____

Check the Night your Team is Available to Play

Sunday-CO-ED _____

Monday-Men’s Twilight _____

Tuesday-CO-ED _____

Tuesday- Women’s _____

Thursday-CO-ED _____

Friday-Men’s Twilight _____

• LIST ADDITIONAL COMMENTS: