W.S.B.L. TEAM REGISTRATION FORM

DUE Jan 7

TOWN & TEAM NAME: _____

AGE LEVEL: (circle one) : 9U 10U 11U 12U 13U 14U

TEAM LEVEL: A or B TEAM STATUS : Full-Time or Part-Time (9U & 10U only)

Full Time teams must be available to play 4 days during the week (M-F) and at least (1) one week end a month. Part time teams will only be allowed at the 9 & 10U levels.

HOME FIELD AVAILABILITY: Week End Y or N Week Day Y or N

Does your home field have the required base and mound lengths? _____

MANAGERS NAME: _____

MANAGERS CELL PHONE #: _____

MANAGERS HOME PHONE #: _____

MANAGERS E-MAIL ADDRESS: _____

MANAGERS MAILING ADDRESS: _____

_____

ASSISTANT COACHES NAME: _____

ASSISTANT COACHES CELL PHONE #: _____

DID YOUR TEAM PLAY FULL-TIME TRAVEL LAST YEAR? _____

WHAT LEAGUE DID YOUR TEAM PLAY IN LAST YEAR? : _____

REGISTRATION FEE: $ 350

MAKE CHECK PAYABLE TO: West Suburban Baseball League

MAIL REGISTRATION FORM & CHECK TO: West Suburban Baseball League
P.O. BOX # 4895
Oak Brook, IL. 60522-4895