

WESTGATE SOFTBALL COMPLEX
TEAM LEAGUE FORM

LEAGUE: _____

TEAM NAME _____

MANAGER NAME _____

PRIMARY PHONE _____ OTHER _____

E-MAIL ADDRESS _____

ASSISTANT MANAGER _____

PRIMARY PHONE _____ OTHER _____

E-MAIL ADDRESS _____

****IMPORTANT**** Manager is contact person who will be responsible for representing team at meetings, paying all fees, providing team members with schedules, notifying team of schedule changes etc...

I understand this : _____ (Manager)

Make checks payable to Westgate Softball Complex (No personal checks).
If mailing check & form, send to: **Westgate Softball Complex**
P.O. Box 2128
Dothan, Alabama 36302

FOR OFFICE USE ONLY

DATE _____	AMOUNT _____	RECEIPT # _____
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