

**QUEENSWOOD HEIGHTS SOFTBALL ASSOCIATION
Coed Slo-pitch League**

TEAM REGISTRATION FORM

TEAM NUMBER _____

TEAM NAME _____

CAPTAIN _____

E-MAIL ADDRESS _____

TELEPHONE: HOME _____

WORK _____

ALTERNATE CONTACT _____

E-MAIL ADDRESS _____

TELEPHONE: HOME _____

WORK _____

SCHEDULE PREFERENCES: (NO GUARANTEES)
