



Spring Registration Form -2010

DIVISION: (CIRCLE ONE)
VARSITY
JUNIOR VARSITY
MINORS (4 TH -5 TH GRADE)

NOTE: AT LEAST ONE TEAM IN EACH SCHOOL DISTRICT **MUST** BE ENTERED AS VARSITY IN THE JR. HIGH DIVISION

Team Name _____ School District _____

Team Manager _____ Home Phone _____ Work Phone _____ Cell Phone _____

Street Address: _____ City: _____ State _____ ZIP _____

Email Address (*Mandatory-print clearly*) _____

Additional e-mail addresses: _____

Umpire Assigner's Name _____

Umpires' names and phone numbers: (mandatory prior to scheduling of home games). Use reverse side for additional names and telephone numbers.

1. _____ Telephone: _____

2. _____ Telephone: _____

3. _____ Telephone: _____

Does your team prefer to travel out of your local area? not at all some of the time most of the time

Number of Home fields at one complex: _____ Location of Home fields _____

Dates of Spring Break: _____

Please e-mail field directions to **Fast2Home@yahoo.com**

Additional Notes: _____

I have read and agree to follow the league rules: _____ **Teams not paid in full will not be put on the schedule.**

Coach Signature

Make your \$100 check payable to FAST Wizards & mail to FAST Spring League – 1045 S. McCord Rd., Holland, OH 43528

ASA Sanction Number _____ USSSA Sanction Number _____ Check # _____ Date _____

