BSSA LEAGUE REGISTRATION FORM

Did team play in Bismarck last season: YES NO

If yes, what was team name last year? _____

If yes, what night did you play? _____

What night would you like to play this year? First choice: _____

Second choice: _____

Manager's name _____

Manager's mailing address _____
ADDRESS CITY, STATE ZIP CODE

Manager's email address _____

Manager's phone number Home: _____ Work or Cell: _____

Team Name _____

If new team, estimated class of team: _____

Registration date and fee paid date _____