

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

NEED AT LEAST ONE CONTACT NUMBER

Home:

Work:

Cell:

Team Name

If new team, estimated class of team:

Registration date and fee paid date
