ADULT SPORTS LEAGUE TEAM APPLICATION

3802 Regent St., Madison, WI 53705 (608) 204-3024 mscr@madison.k12.wi.us

SEASON: Fall ☐ Winter ☐ Summer ☐	GENDER: Men's ☐ Women's ☐ Coed ☐	SPORT: Baseball ☐ Basketball ☐ Softball ☐ Volleyball ☐

Team Name _____ **Team Sponsor (if any)** _____

Manager _____ **Cell #** _____ **Email** _____

Street _____ **Apt. #** _____ **Co-manager** _____

City _____ **Zip** _____ **Last year's team name** _____

Preferred contact phone number: _____ **Last year's record: won** ____ **Team is: stronger** ____

No. of league desired _____ **lost** ____ **same** ____

Preference of days: **MON** **TUE** **WED** **THUR** **FRI** **No. of returning players** ____ **weaker** ____

list preference 1-5
(1 is highest)

Preferred area of games: **West** **East** **Both**

rate 1-3

Basketball only: jersey color(s) _____

Comments: _____

_____

Name of individual filling out this card _____

	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
Height (Basketball Only)																				
Softball Pitcher																				
Tentative Roster Name																				