

INTER CHURCH SOFTBALL LEAGUE

Softball with a purpose!

TEAM REGISTRATION FORM

Team Name:	
Church Affiliation:	
Manager's Name:	
Assistant Manager:	
Church Address:	
Church. # email:	
http://www.icsoftball.com/ Team Member's Name	Phone Number
1	THORE NUMBER
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gives authorization for this team to be a member of the h	itter Ghurch Sortbarr League.
1. Is your team willing to participate in the Interdivisi	onal games? YesNo
2. What is your team's goal for this season?	
Pastor Signature:	
Manager Signature:Date	