

**10U Little Lady League Team Registration Form for 2010
Girl's Fast Pitch Team Registration**

NOTE: One form per team. Please make copies if you need more.

Detailed information about the league and the league coordinator contact information is available at
www.kmssoftball.org

Make \$75 check payable to: KMGSA

Return this form with your payment to:

2010 team sign up deadline is April 1

KMGSA
PO Box 92
Kasson, MN 55944

NOTE: All leagues games are played on Wednesday nights.

Team Name: _____

Town: _____

Home Field Name: _____

Home Field Address: _____

*Level of Play? (Circle One) Dazzling Blooming Stars

*If there are enough teams to divide the league, it will be done according to level of play indicated.

Coaches Name: _____

Coaches Mailing Address: _____

City: _____ State/Zip Code: _____

Phone number you wish printed on the schedules (example cell #): _____

Home Phone: _____ Work Phone: _____

Fax Number: _____ E-mail: _____

(Admin Use)

Check #: _____ Sequence: _____ Date: _____ Amount: _____

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