

Blue Ash Adult League Registration Form

1	TEAM NAME:		SE	EASON:	SPORT:	
2	This is a Bus	Check All that Applysiness Team ont Teams mush have mines of the same players from	Resident of 9 reside	nts or Blue Ash	Returning Team	None Apply ginal roster. <u>Returning</u>
3	MANAGER INFORMATION NAME: DAY PHONE: EMAIL:			ALTERNATE MANAGER INFORMATION NAME: DAY PHONE: EMAIL:		
	TEAM ROSTER					
	Players Status Players Name Resident, Business		Name		Players Address	Players Phone
	or Non-Affiliated	First and	Last	Fu	ıll Address with Zip Code	Required
				+		

OFFICE USE ONLY

Roster #:

Date /Time Received:

Paid Date:

FAX NUMBER: 745-8527

EMAIL TO: ndoppes @blueash.com Received By:

Email confirmation Date: Confirmation By: