

Heart of America Senior Softball

2025 Softball Team Registration Form

Team Name: _____ # of Raytown Residents: _____

Manager: _____ phone(home): _____ work: _____

Address: _____

City: _____ State: _____ Zip: _____

Assistant Manager: _____ phone(home): _____ work: _____

Monday/Tuesday 60+

Wednesday 50+ Silver and Bronze

	Player's Name	#	Address	City	ST	Zip
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