Heart of America Senior Softball

2025 Softball Team Registration Form

Manager: phone(home): work: Address: Zip: Assistant Manager: phone(home): work: Player's Name # Address City ST Zip 1 2 3 4 4 5 6 6 7 8 8 9	Team Name: Manager:			# of Raytown Residents:			
Nonday/Tuesday 60+ Wednesday 50+ Silver and Bronze				phone(home):	work:		
Assistant Manager: phone(home): work: Monday/Tuesday 60+ Wednesday 50+ Silver and Bronze	Addres	s:					
Monday/Tuesday 60+	City: State:			Zip:			
Player's Name # Address City ST Zip 1 <td< td=""><td colspan="3">Assistant Manager:</td><td>phone(home):</td><td>work:</td><td></td><td></td></td<>	Assistant Manager:			phone(home):	work:		
1 2 3 3 4 4 5 6 7 8 9 10 11 12 13 14 15 16		Monday/Tuesday 60+		Wednesday 50+	Silver and Bronze		
2 3 4 4 5 5 6 7 8 9 10 11 12 13 13 14 15 16		Player's Name	#	Address	City	ST	Zip
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