

Heart of America Senior Softball

2019 Softball Team Registration Form

Team Name: _____ # of Raytown Residents: _____

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

Address: _____

City: _____ State: _____ Zip: _____

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

- Monday 60+
- Tuesday 50+ Gold
- Wednesday 50+ Silver and Bronze
- Thursday 50+ Gold Doubleheader

	Player's Name	#	Address	City	ST	Zip
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