

LCWSA TEAM REGISTRATION INFORMATION

Team Name: _____ Division: _____

Team Representative #1:

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Team Representative #2:

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Team Colors:

Predominant: _____

Alternate: _____

Home Field Desired: _____

THIS FORM MUST BE ACCOMPANIED BY TEAM FEES.

CHECKS SHOULD BE MADE PAYABLE TO LCWSA.