

Swansboro Baseball & Softball Association P.O. Box 1873 Swansboro, NC 28584 http://sbsababeruth.baberuthonline.com

Adult Team Registration Form

Те	am I	Name				
Pla	ayer/	/Coach's Name				
Ad	dres	SS	CITY	COUNTY	STATE	ZIP
CC	ONTA	ACT Phone Number		_ Text Messages	Yes O	No O
CC	ONTA	ACT E-Mail Address				
20 Se	12. F	Refundable team entry fee of \$200.00 is du Fee can be paid in cash or a check made mber 11, 2012 during SBSA's Regular M an be mailed to post marked by Septembe SBSA P.O. Box 1873 Swansboro, NC 28584.	e out to SBSA. F lember's Meetin	Forms and Fee can	be either tu	ırned in on
fin:	ancia oss r	ining this form all team members agree ially or otherwise liable for any injury or a negligence on the part of SBSA, its office ide about having insurance or not.	accident that oc	curs at Sanders Pa	ark, unless i	t is due to
Те	ams	s must have a minimum of 10 players (9 to	o play) and all pla	ayers must sign this	form.	
1.	Pla	ayer/Coach's Signature:		Date:		
	2.	Team Member Printed Name:				
		Signature:				
	3.	Team Member Printed Name:				
		Signature:				

SBSA Adult Team Registration Form continued

4.	Team Member Printed Name:
	Signature:
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5.	Team Member Printed Name:
	Signature:
6.	Team Member Printed Name:
	Signature:
7.	Team Member Printed Name:
	Signature:
8.	Team Member Printed Name:
	Signature:
9.	Team Member Printed Name:
	Signature:
10.	Team Member Printed Name:
	Signature:
11	Team Member Printed Name:
	Signature:
12.	Team Member Printed Name:
	Signature:

SBSA Adult Team Registration Form continued

13.	Team Member Printed Name:
	Signaturo
	Signature:
14.	Team Member Printed Name:
	Signature:
15.	Team Member Printed Name:
	Signature:
16.	Team Member Printed Name:
	Signature:
17.	Team Member Printed Name:
	Signature:
18.	Team Member Printed Name:
	Signature:
19.	Team Member Printed Name:
	Signature:
20.	Team Member Printed Name:
	Signature: