

2023-2024 Season 30+

NAME:					BIRTHDAY:			
ADDRESS:					PHONE:			
CITY & ZIP:					POSITION:			
E-MAIL:					UNIQUE SKILL:			
IMPORTANT: \$250 Cash or Check made out to (Weds Men's League) is required to enter the draft. Drop this amount off along with this form filled out to any of the following locations: McMorran Box Office, McMorran front mailbox, Anderson's Pro Bait. Last Date to Register: Monday Oct. 9th Date of Draft: Oct. 11 th First Games: Oct. 18 th								
*USA Insuran	ce is NC	วT required. The leag	gue will be supp	olying it's own cove	erage.			
deposit is rec Failure to pay (small claims at which poin your team re	quired we the rent court) to the court of th	vith the remaining be maining balance owe o retrieve the mone deposit will be refund	alance to be part of will result in yowed. Deposited in full. If you child player). By f	aid to your TEAM ineligibility to play it is non-refundablou are chosen for a illing out this form	tional costs to play the REP in the allotted tine, suspension from the unless you are NOT team, you are submitting yeason.	ne set for league, chosen insible for	orth by the and/or count the draft all charges	league. ort action by a team, set forth by
SIGNATURE C	OF PART	ICIPANT			DATE: [
DEPOSIT AMO	OUNT:		CHECK #:		RECEIVED BY (INIT	ΓIALS):		