North County San Diego

Men's Senior and Men's Adult Baseball League P.O. Box 460760 Escondido Ca. 92046



Team Name:								
Manager:								
Address:								
Home Phone	:		E-mai	1:	Cell			
Coach:								
Address:								
Home Phone	:		_E-mail:		Ce			
				Official Use C				
Number of n								
Number of p	iayers :	(min.	14)					
Team Fee: _		Additional Charges:Credits:				s:	Total	_
Baseballs		Dz.date received: received by:						
		Dz. date received: received by:						
Dz.date received: received by:								
T-shirts		QTY	Sm	Med	Lrg	XLrg	XXlrg	_
Score book (MABL/N	MSBL) Qty:	date	e: rece	ived by:			
Payment(s)	Cash:	Chack(s):		Total	l:Balance		Date:	
		Check(s):						
		Check(s):						
ONLINE ST	ATS & C	ONLINE RO	STERS					
Hsername:		Password:						
oscinanic		rasswoiu						