



Otago Softball Association JUNIOR TEAM ENTRY	YEAR 2009 / 2010
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TEAM NAME : _____

CLUB / SCHOOL : _____

Junior League	<input type="radio"/>	Little League	<input type="radio"/>	Rookie League	<input type="radio"/>
Peanut League	<input type="radio"/>	Intermediate	<input type="radio"/>	Secondary	<input type="radio"/>

COACH : _____

CONTACT ADDRESS _____

DAY PHONE _____

A/H PHONE _____

MOBILE _____

EMAIL _____

Please include me on the email list to receive the weekly draw **YES / NO**

MANAGER : _____

CONTACT ADDRESS _____

DAY PHONE _____

A/H PHONE _____

MOBILE _____

EMAIL _____

Please include me on the email list to receive the weekly draw **YES / NO**

Register to receive text notification of a cancellation for your team

Name Mobile #

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ENTRIES CLOSE 2nd OCTOBER

Please return entry forms to:-

Otago Softball Association Inc,
P.O. Box 978,
Dunedin 9054
Fax 03 477 1795

CODE OF CONDUCT - PTO

Receipt of your entry will be taken as acceptance of the Junior "Code of Conduct"