



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

CLUB _____

Premier Men <input type="radio"/>	Reserve <input type="radio"/>	Womens Fastpitch <input type="radio"/>	Community League <input type="radio"/>
	Men <input type="radio"/>		
	Women <input type="radio"/>		
	Mixed <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 #

ENTRIES CLOSE 25th SEPTEMBER

Please return entry forms to:-

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