City Of Scottsbluff League(s) Registration Form

Team Name: _____ **Divison:** Men's A Men's B Coed A Coed B Coed C

(Please Circle One)

Team Captain: _____

Name Address Cell Ph.# E-Mail

Co Captain: _____

Name Address Cell Ph.# E-Mail

Player Name	Add Date	Drop Date	Cptn.Int.	SC Int.	Fee Paid	Cell ph#	E-mail	Signature
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