



MAKUA ALI'I SENIOR SOFTBALL LEAGUE

TEAM REGISTRATION

I hereby certify that the information provided is correct and further agree that it may be verified. Any falsification of information will result in disciplinary action including suspension or banishment from "Makua Ali'i Senior Softball League". I understand that an ID card may be required as proof of identity before I am permitted to participate in any senior softball league.

MANAGER NAME: _____

TEAM NAME: _____

ADDRESS: _____

CITY/ZIP: _____

E-MAIL: _____

TELEPHONE NO: _____

DIVISION (check applicable): MENS 70 60

	Mark if under aged Player	PLAYER NAME	BIRTHDAY Month/Year ONLY
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20.			

NOTE: The information here will only be seen by select people. All documents with sensitive data will be destroyed to protect your personal information.