

EDGEWOOD GIRLS SOFTBALL LEAGUE APPLICATION FOR MEMBERSHIP

NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ HOME TEL #: _____
CITY: _____ BUS. TEL #: _____
STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

Do you currently have any children playing in the Edgewood Girls Softball League & if so, for which team?

Why do you wish to join the Edgewood Girls Softball League?

Do you know anyone who is currently a member of the league & if so, who?

How did you come to hear of the league?

In what capacity do you wish to help the Edgewood Girls Softball League:

<u>PREFERENCE</u>	<u>PRIOR EXPERIENCE</u>	<u>YES / NO</u>	<u>ORGANIZATION</u>
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1)

2)

Would you be willing to assist the league in other areas if we are unable to fulfill your preferences? If yes, please indicate the area of interest:

_____ Coaching
_____ Umpiring
_____ Fundraising

_____ Field Maintenance
_____ Concession Stand
_____ Tournament Committee

REFERENCES:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
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1)

2)

Additional comments:

Signature _____ Date ___/___/___