



CLIENT INFORMATION FORM (Organizations only)

Complete this form and submit with your application.

League/Organization Name: _____

Minor - Male Minor - Female Adult - Male Adult - Female

#of Teams: _____ #of Players per Team: _____

#of Members: _____ Average Length of a Game: _____

Minor Leagues – Please provide age groups and the number of players per age group.

You may attach a separate list if required.

League Executive and/or Alternate Contacts:

Please indicate preferred # to contact for each contact.

<p>Title/Role: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>E-mail: _____</p> <p>Phone #: (Work) _____</p> <p>(Home) _____</p> <p>(Cell) _____</p>	<p>Title/Role: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>E-mail: _____</p> <p>Phone #: (Work) _____</p> <p>(Home) _____</p> <p>(Cell) _____</p>
<p>Title/Role: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>E-mail: _____</p> <p>Phone #: (Work) _____</p> <p>(Home) _____</p> <p>(Cell) _____</p>	<p>Title/Role: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>Postal Code: _____</p> <p>E-mail: _____</p> <p>Phone #: (Work) _____</p> <p>(Home) _____</p> <p>(Cell) _____</p>