



Lone Star Amateur Baseball Association Team Application

TEAM NAME: _____ **DIVISION:** 16U / 18U
(Circle one)

TEAM E-MAIL: _____

TEAM/COACH FAX: _____ **TEAM/COACH CELL:** _____

These should all be easily accessible to the team representative who is responsible for communicating with the team members. The cell number should be available to league personnel to communicate late information and emergencies to the team.

MANAGER: _____ **HOME PHONE:** _____

OCCUPATION: _____ **OFFICE PHONE:** _____

E-MAIL ADDRESS: _____ **CELL PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HEAD COACH: _____ **HOME PHONE:** _____

OCCUPATION: _____ **OFFICE PHONE:** _____

E-MAIL ADDRESS: _____ **CELL PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

ASSISTANT COACH: _____ **HOME PHONE:** _____

OCCUPATION: _____ **OFFICE PHONE:** _____

E-MAIL ADDRESS: _____ **CELL PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

ASSISTANT COACH : _____ **HOME PHONE:** _____

OCCUPATION: _____ **OFFICE PHONE:** _____

E-MAIL ADDRESS: _____ **CELL PHONE:** _____

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____

The Manager and Coaches of the _____ hereby agree to support the purposes and abide by the Constitution and By-Laws of the Lone Star Amateur Baseball Association, and to appear before the Board of the Association in the event their conduct is called into question during league play.

Manager

Head Coach

Assistant Coach

Assistant Coach