

SOUTH JERSEY GIRLS SOFTBALL ASSOCIATION, INC.

**APPLICATION FOR MEMBERSHIP
2019**

(CIRCLE ONE) **SENIOR** **JUNIOR** **MAJOR** **MINOR** **PONY TAIL**
 16-18 13-15 11-12 9-10 7-8

Membership Name: _____

Authorized Representative (Manager): _____

Address: _____

Cell # _____

E-MAIL _____

Home Field _____ Day _____ Alternate Day _____

Field Address _____ Time _____ Alternate Time _____

Field Number _____

Adults Affiliated with Team: _____

Insurance Company: _____ Policy # _____

DRAWING AREA:
Designated Schools: _____

Designated Towns: _____

Name of Organization: _____

President: _____

E-mail: _____

Phone: _____

*****S.J.G.S.A. USE ONLY*****

Meetings Attended: JAN FEB MAR APR MAY JUN JUL AUG SEPT

Payment of Fees/Dues: \$ _____ Bond: \$ _____

Date: _____ Check #: _____

Fines/Comments: _____