

SOUTH JERSEY GIRLS SOFTBALL ASSOCIATION, INC.

**APPLICATION FOR MEMBERSHIP
2018**

(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** _____

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: _____