



# BLUE SPRINGS BASEBALL

PO BOX 1753 • BLUE SPRINGS, MO 64013 • BSBOD@BLUESPRINGSBASEBALL.ORG

## TEAM INFORMATION FORM

(PLEASE PRINT ALL INFORMATION. THE FOLLOWING INFORMATION WILL BE USED FOR SCHEDULING.)

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

League: \_\_\_\_\_

Team USSSA # (If you have one for USSSA Tournament Play): \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Email: \_\_\_\_\_

Manager Mobile Phone: \_\_\_\_\_

Major League Baseball Team Logo (If you have one) \*: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_

Assistant Coach Email: \_\_\_\_\_

Assistant Coach Mobile Phone: \_\_\_\_\_

Assistant Coach Name: \_\_\_\_\_

Assistant Coach Email: \_\_\_\_\_

Assistant Coach Mobile Phone: \_\_\_\_\_

Assistant Coach or Scorekeeper Name: \_\_\_\_\_

Assistant Coach or Scorekeeper Email: \_\_\_\_\_

Assistant Coach or Scorekeeper Mobile Phone: \_\_\_\_\_

Scheduling notes, comments, conflicts:

\* If you have your own team logo and would like to have it displayed on your team page, email it to sdavis@bluespringsbaseball.org along with your team's name and age.