



**Wiffle Ball League Form - \$200 per Team**

Location : Columbia - 2100 Corporate Place - 573-449-2255

*Save as Last Name First*

Date: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_

(W): \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Roster		
Player	E-Mail/Phone Number	Birthdate
Payment Information		Amount Paid

**Waiver: Balls-N-Strikes and its employees are not responsible for any injury sustained while utilizing the facility.**

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
(Parent Signature if under 18)

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
(Parent Signature if under 18)

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
(Parent Signature if under 18)

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
(Parent Signature if under 18)