



## Wiffle Ball League Form

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: \_\_\_\_\_

Age Group: 14U  16U  18&Over

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

\_\_\_\_\_

Player Signature

\_\_\_\_\_

Player Signature

\_\_\_\_\_

Player Signature

\_\_\_\_\_

(Parent Signature if under 18)

\_\_\_\_\_

(Parent Signature if under 18)

\_\_\_\_\_

(Parent Signature if under 18)

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(Parent Signature if under 18)