## \*\*\*PLEASE FILL THIS OUT COMPLETELY

## 2024 LEAGUE SPONSOR ENTRY FORM

OUR TEAM PLAYED ON THE FOLLOWING NIGHT:	
TUESDAY NIGHT MENS OVER 30	
WEDNESDAY NIGHT MENS	
TEAM ENTRY FEE IS \$500.00 DEADLINE IS MAY 1	l <b>.</b>
LAST YEARS TEAM NAME	
THIS YEARS TEAM NAME (IF DIFFERENT)	
MANAGERS NAME	
ADDRESS	
CITYZIP	
BEST NUMBER TO BE REACHED	
E MAIL ADDRESS	
ASSSITANT MANAGER	_NUMBER

## MAKE CHECKS PAYABLE TO TBA AND MAIL WITH THIS FORM TO:

PAM PIEL 10550 ROBINWOOD CT CEDARBURG, WI 53012 414-687-6813 pgpiel@aol.com