**©Form QLSA ETRF 2010-4**

***CERTIFICATION***

**By submitting this form, I acknowledge that I have read the Leagues Mission Statement along with the Privacy and Disclaimer Notice. In addition, I am aware that a copy of the QLSA Rules can be downloaded from the site and I will make all my players and coaches familiar with them including and not limited to, all new rules put into effect by the NYC Department of parks and recreation. I am also aware that I must furnish a signed and completed Team Roster along with payment of league fees on or before the date set forth by the QLSA. (Copyright)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE Date**

EMERGENCY TEAM REGISTRATION FORM **©**

***OFFICIAL TEAM REGISTRATION SHOULD BE POSTED ON WEBSITE WITH ONLINE FORM***

**(Please Print or Type all info) DATE OF FILING: / /\_\_\_\_\_\_**

**Name of Team :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is Team sponsored: \_\_\_\_\_\_\_\_\_\_\_\_ By Whom : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Talent Gauge of Team (Circle One): *Above Average Average Weekend Warriors***

* **Best day for Team to Play Week Days / Nights 33% (Circle One): Mon Tues Wed Thur Fri**
* **Next best day for Team to Play Week Days / Nights 33% (Circle One): Mon Tues Wed Thur Fri**
* **Final best day for Team to Play Week Days / Nights 33% (Circle One): Mon Tues Wed Thur Fri**
* **WORST day for Team to Play Week Days / Nights (Circle One): Mon Tues Wed Thur Fri**

 ***Saturday & Sunday Teams need not comply with above day choices….***

**Coach / Mgr Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com\_**

**Contact Mans Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.com\_**

**QUEENS LIGHTED SOFTBALL ASSOCIATION**

**Amateur Athletic League**

**110-64 Queens Boulevard #424**

**Forest Hills, New York 11375**

**(RTR Office) 718-416-3175 (RTR Cell) 347-453-7111**

**(G R Office) 718-728-3696 (G R Cell) 917-856-6891**

**E mail :** **Qnslightedsoftballassn@msn.com**

**Website: www.leaguelineup.com/QLSA**



