

Team Name: _____
 Managers Name: _____ Mailing Address: _____
 Managers Phone #: _____ City, ST, Zip: _____
 E-Mail: _____
 2nd Contact Name: _____ 2nd Contact Phone: _____

SPRING SUMMER

New/Reg.	Shirt Size
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FASTPITCH MENS WOMENS COED

Manager's Agreement

The team manager is the link between WNCRS and their team.

Manager's Must:

1. Obtain all league paperwork pertaining to deadlines, schedules, make-up games, and any other pertinent information.
2. Inform all players of team insurance coverage available through USSSA and that all players are responsible for their own insurance. Registration with WNCRS does not include insurance.
3. KNOW THE RULES AND INFORM THEIR TEAM.
4. Be responsible for conduct of his/her players. Good Sportsmanship is expected of all managers, players, and spectators.
5. Make sure that each player is properly rostered. Any manager fielding an illegal player will be batted from WNCRS/WNCSSA play for one calendar year along with the player and the game will result in a forfeit.
6. Make sure ALL fees are paid on time in full.
7. Receive field rules prior to the start of the game.
8. Inform the league of any contact changes.

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MANAGERS SIGNATURE:

OFFICE USE ONLY	
___x1___x5___x10___x20___x50___x100	
Checks: _____	
TOTAL: _____	
DUE: _____	
BALANCE: _____	

Special Scheduling Requests:	

Men's: Monday _____ Tuesday _____	
Coed: Wed: _____ Thurs: _____ Fri: _____	