CAROLINA WIFFLeBALL LEAGUE

TEAM REGISTRATION FORM

 Tournaments

|  |  |
| --- | --- |
| Team Name: |  |
| Team Colors: |  |
| Tournament: |  |

CAPTAINS INFORMATION

|  |  |
| --- | --- |
| Captains Name: |  |
| Email: |  |
| Phone Number: |  |
| Team Location: |  |

PLAYER NAMES (excluding captain)

|  |  |
| --- | --- |
| Player # 2 |  |
| Player # 3 |  |
| Player # 4 |  |
| Player # 5 |  |

ANYONE ON YOUR TEAM UNDER 18? IF SO, WHO?

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
| Name: |  | Age: |  |
| Name: |  | Age: |  |

\*Anyone under the age of 18 will be required to get his or her parental consent

|  |  |
| --- | --- |
| Which bracket will your team play in? Fast pitch, Slow pitch or Both |  |
| Which bracket? Standard (3-5 players) or 2 vs 2? |  |
| How did you hear about the NCWBL?  |  |
| Would you and your team be interested in seasonal league play? |  |

Agreement

By submitting this registration form you are stating as the captain of the team listed above that you agree that all tournament fees will be paid on time and that you will provide signed waiver forms for yourself and the individuals listed in the “Players Names” column above.