



LONG ISLAND STAN MUSIAL
1200 Middle Country Rd
Selden, NY 11784
(631) 696-0079

PLEASE PRINT NEATLY AND CLEARLY

2005 Team Registration Form

Team Name: _____

Manager: _____

Street Address: _____

City: _____ **State:** NY **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E mail Address:** _____

Coach: _____

Home Phone: _____ **Cell Phone:** _____

If you have a home field please complete:

Home Field: _____

Certificate of Insurance: _____

Start Date for Your Team: _____

Are There Any Specific Dates and/or Times You Can or Can Not Play? _____

Deposit Enclosed: \$ _____