

VILLAGE OF BUTLER
12621 West Hampton Avenue
Butler, WI 53007
(262) 783-2525

SOFTBALL LEAGUE APPLICATION

Date: _____

MANAGER: Name _____
Address _____
City _____ Zip Code _____
Email Address _____
Phone _____ (home) _____ (work)

SPONSOR: Name _____
Address _____

CHOICE OF NIGHT: (Please rank your preference if possibly interested in another night)

- ___ Monday - Men's (8 team league)
- ___ Tuesday - Men's (8 team league)
- ___ Wednesday - Men's (8 team league)
- ___ Thursday - Women's (8 team league)
- ___ Friday - Men's (8 team league)

Leagues in which team has participated. If team has participated under a different sponsor but is significantly intact from previous years, please indicate:

	<u>Sponsor</u>	<u>League</u>
2016	_____	_____
2015	_____	_____
2014	_____	_____