



## SOUTH EAST METROPOLITAN SOFTBALL ASSOCIATION TEAM REGISTRATION FORM

**NAME OF CLUB:**

**NAME OF TEAM:**

**TEAM PREFERRED GRADE:**

**TEAM PLAYERS:**

Name *	Previous Grade *	Battery (Catcher/Pitcher) *	Current State League Club

### COACH DETAILS

**Name:**.....

**Contact Number:**.....

### ASSISTANT COACH DETAILS \*

**Name:**.....

**Contact Number:**.....

### SCORER DETAILS \*

**Name:**.....

**Contact Number:**.....

\*These are compulsory items and must be filled in