#  NASA SOFTBALL ASSOCIATION YEAR \_2015\_TEAM ENTRY FORM

This form must be returned to the Commissioner of Communications by April 17, 2016 in order to get your team on the exhibition schedule. Any information not currently available should be sent in as soon as possible.

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**Team Ability**

### Name of team last year (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compared to last year the team is:

 Much better Better Same Worse Much worse A new team

Do you wish to be contacted by players looking for a team? Yes No

## **Grounds Person Name:**

1.

Phone: Fax: Mail Stop: Email address:

##  **Assistant Organizer/Coach Name:**

## Phone: Fax: Mail Stop: Email address:

**Full Name of Team: Three letter acronym:**

## **Team Organizer Name:**

Phone: Fax: Mail Stop: Email address: