NASA SOFTBALL ASSOCIATION YEAR 2019 TEAM ENTRY FORM

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

Full Name of Team:	Brewer	rs Th	ree letter acrony	m: BWR
Team Organizer/Captain Name: Bill Chambers				
Email address: william.p.	chambers@nasa.ge	ov		
Phone: x-44603	Fax:	Mail St	top: 238	
Team Assistant Organizer/Captain Name: Samantha Applin				
Email address: samantha	a.applin-1@nasa.gc	OV .		
Phone: x-43375	Fax:	Mail S	top: 468	
Team Assistant Organizer/Captain Name:				
Email address:				
Phone:	Fax:	Mail S	top:	
Team Grounds Pers	onnel:			
Name:		Email	Address:	
1) Bill Chambers		willian	n.p.chambers@nasa.	.gov
2) Sam Applin		sama	ntha.applin-1@nasa.	gov
Phone:	Fax:	Mail S	top:	
1) 44603		238		
2) 43375		468		
Team Ability: Name of team last year (if different):				
Compared to last year the Much Better □ Be	e team is: tter □ Same ■	Worse 🗖	Much Worse 🗆	New Team □
Do you wish to be contacted by players looking for a team? Yes ■ No □ Maybe □				