

**Leominster Adult Mixed Softball Association
2024 Team Request & Alternate Players**

Fill in all information. Make sure to write legibly and clearly.

Team Name:	Division:
Manager Name:	Manager Email:

Primary Night(s) Preference*:

**In an attempt to schedule Divisions on a primary night, we are asking what would be your two (2) most desirable nights to play. We will do our best to accommodate your request; however it is dependent on other teams in your division as well as alternate players, so there is no guarantee a primary night will be possible.*

1st _____ 2nd _____

ALTERNATE PLAYER INFORMATION:

ALTERNATE PLAYER NAME

ALTERNATE TEAM NAME

Any SPECIFIC dates unavailable to play?