



Express League Team Registration Form

Team Name: _____

Home Location: _____

Day Of Play: SU MO TU WE TH FR SA Division Name _____

LEAGUE: NEUTRALIZER / OPEN - SOFT TIP / STEEL TIP

**** Circle ****

(The team captain is required to have a TELEPHONE)

(Someone on the team needs to have E-MAIL to receive weekly STATS.)

Team Captain _____ Telephone: _____

Address: _____ E-Mail: _____

City: _____ State: _____ Zip: _____

Player #2: _____ Telephone: _____

Player #3: _____ Telephone: _____

!!!Express League Season starts soon!!!

**** Team Registration Form ****

Season Starts / _____

**** Register By / _____ ****

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