Nevada Lightning Fastpitch, Inc.

New Team Membership Application

Team Name: _____

Head Coach Name:_____
Address: _____
Cell Phone: _____ Email: _____

Experience:_____
_____
_____
_____
_____
_____

Assistant Coach Name:_____
Address: _____
Cell Phone: _____ Email: _____

Experience:_____
_____
_____
_____
_____
_____

Assistant Coach Name: _____
Address: _____
Cell Phone: _____ Email: _____

Experience:_____
_____
_____
_____
_____
_____

Team Administrator Name: _____
Address: _____ Cell
Phone: _____ Email: _____

Age division as of next January 1st: 10U: ___, 12U: ___, 14U: ___, 16U: ___, 18U: ___

Current Number of Active Players on Roster: _____

New Team Membership Application Cont.

List players from above that are currently members of another Nevada Lightning team:

_____
_____
_____
_____
_____

How was the team formulated (i.e. recreational league all-star team, etc…)?

_____
_____
_____
_____
_____

List Any Tournaments Organizations your team has participated with prior to contacting Nevada Lightning:

_____
_____
_____
_____
_____

Earliest date team could accept Nevada Lightning membership invitation? _____

_____
Head Coach Signature

_____
Date

Please return to:
Nevada Lightning Fastpitch
451 E. Glendale Ave.
Sparks, NV 89431
ATTN: Bret Pagni