



TEAM INFORMATION FORM

(Please print and complete this form, and submit with your application)

TEAM NAME (IF KNOWN): _____

PREVIOUS TEAM NAME IF CHANGED: _____

NAME OF 1st TEAM REPRESENTATIVE: _____

ADDRESS: _____

POSTAL CODE: _____

E-MAIL: 1st Choice _____

2nd Choice _____

TEL: (H) _____ (W) _____

FAX: _____ Cell _____

NAME OF ALTERNATE TEAM REPRESENTATIVE: _____

TEL: (H) _____ (W) _____

FAX: _____ Cell _____

E-MAIL: 1st Choice _____

PLEASE SPECIFY LEAGUES, IF ANY, THAT THIS TEAM PLAYED IN LAST YEAR (Please specify League):

WINTER: _____ No. of years _____

SUMMER: _____ No. of years _____

WHAT IS THE AGE RANGE OF YOUR TEAM: _____

APPROX. WHAT % OF YOUR TEAM WOULD YOU SAY IS OVER THE AGE OF 35? _____

THE MAIN COLOUR OF YOUR TEAM SWEATERS IS: Set #1 _____ Set #2 _____

WHAT CALIBRE WOULD YOUR TEAM LIKE TO PLAY:

Returning teams: Compared to last summer: Same division, or how many divisions up or down? _____

Compared to last winter: Same division, or how many divisions up or down? _____

New Teams (Strongest =A , Weakest =K):

Please circle: A B C D E F G H I J K

PLEASE NAME SOME TEAMS IN THE TRAVELLERS LEAGUE THAT YOU THINK WOULD BE ABOUT THE SAME CALIBER AS YOUR TEAM. (Please indicate if they were summer or winter teams).

COMPARABLE SUMMER TEAMS: _____

COMPARABLE WINTER TEAMS: _____