



O-40 ENTRY FORM

www.LISFL.org (516) 433-1880

(PLEASE PRINT OR TYPE ALL INFORMATION)

FULL NAME OF TEAM: _____

LEAGUE AFFILIATION: _____ DIVISION: O-40 MEN _____

CLUB CONTACT: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (_____) _____ *(please include area code)*

E-mail: _____

TEAM COACH: _____

PHONE NUMBER: (_____) _____ *(please include area code)*

E-mail: _____

IMPORTANT: Your team will NOT be officially entered in the League Until
Entry form, and entry fee of \$100 received by the LISFL

Field Name and Directions:

Make checks payable to L.I.S.F.L. Mail this application together with your check to:

LISFL 95 Broadway Hicksville, NY 11801

For Information Call (516) 433-1880