SOFTBALL SCOREKEEPERS
INFORMATION SHEET
SPRING 2006

NAME _____
(LAST) (FIRST)

ADDRESS _____
(ADDRESS) (CITY) (ZIP)

TELEPHONE NUMBERS _____
(BUSINESS) (HOME)

OTHER NUMBERS _____
(MOBILE) (PAGER)

EMAIL ADDRESS OR FAX _____

NIGHTS YOU CAN WORK: (CIRCLE)

MONDAY	**YES**	**NO**
TUESDAY	**YES**	**NO**
WEDNESDAY	**YES**	**NO**
THURSDAY	**YES**	**NO**
FRIDAY	**YES**	**NO**

LIST DATES YOU <u>CANNOT</u> WORK:

_____
_____
_____
_____
_____