



LINCOLN
Parks and Recreation

Baseball / Softball Field Draft

Lincoln Parks & Recreation

Office Use Only

Team # _____

Date Paid _____ Type _____

Confirmation _____ Insurance _____

Team Name _____

Age Group _____

Primary Team Contact - Head Coach

Name _____

Address _____

City _____ Zip _____

Phone: Cell _____ Work _____

Home _____ Email _____

Secondary Contact - Scheduler / Tournament Director (MUST HAVE)

Name _____

Address _____

City _____ Zip _____

Phone: Cell _____ Work _____

Home _____ Email _____

Additional Contact - Field Prep. / Asst. Coach

Name _____

Address _____

City _____ Zip _____

Phone: Cell _____ Work _____

Home _____ Email _____