

DAILY OPERATIONAL FORMS & CHECKLISTS

TEAM RENTAL INFORMATION

TEAM NAME:	CLASS:
CITY OF LEAGUE:	BASEBALL: SOFTBALL:
AGE GROUP:	YEARS TOGETHER:
HEAD COACH:	PHONE #:
ADDRESS:	CITY: ZIP:
ASSISTANT COACH:	PHONE #:
ADDRESS:	CITY: ZIP:
START OF LEAGUE:	END OF LEAGUE:

DATE/TIME 15 MIN. RENTAL	DATE/TIME 1/2 HR. RENTAL	DATE/TIME 1 HR. RENTAL

COMMENTS:
