NASHUA OVER 70 SOFTBALL LEAGUE APP. FORM

Name:		
Address:		
City		Zip:
Home Phone:		
Cell Phone:		
e-mail:		
Emergency Contact:		
Emergency Contact Phone N		
Age as of Dec. 31, 2024:	Shir	t Size:
(Shirts run a little small -kee	ep it in mi	nd when ordering)
Will play Tuesdays Yes	No	
Will play Thursdays Yes	No	
Positions able to play (IF, OF	, C, P)	
Interest in managing: Yes	No	
Dues (\$50) submitted on (Da	te):	

Payable to: Ed Boyd

Mail to: Ed Boyd, 88 Brody Lane, Hudson, NH 03051

PLEASE DO NOT MAIL COMPLETED FORMS & PAYMENT OF DUES BEFORE THE REGISTRATION PERIOD OPENS ON FEBRUARY 1, 2024.