

Baltimore County Major League Baseball, Inc.

2010 Season

Team Agreement

Please attach additional emergency, medical, and/or special information and instructions.

Please answer ALL QUESTIONS.

Recreation Council Team/Team Name:

Manager's Information:

Name: _____

E-mail address (MANDATORY): _____

Other E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Telephone Number: (_____) _____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____

Assistant Manager's Information:

Name: _____

E-mail address (MANDATORY): _____

Other E-mail address : _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Telephone Number: (_____) _____

Home Telephone Number: (_____) _____

Work Telephone Number: (_____) _____