



BAPSL Winter/Spring 2010

MEMBERSHIP AFFILIATION FORM

Club Name _____

Team Name _____

Division _____ **(Division I, II)** *(circle one)*

Team or Club Website Address _____

Team Staff Information - Please Complete the Appropriate Fields. Please note specifically if you want to exclude any information from the BAPSL website. **Name, phones and e-mail address only** will be listed on the BAPSL website.

Coach Name _____

Last

First

M.I.

Address _____

Phones _____ **home** _____ **work**

_____ **cell** _____ **fax**

E-mail address _____

Manager Name _____

Last

First

M.I.

Address _____

Phones _____ **home** _____ **work**

_____ **cell** _____ **fax**

E-mail address _____

For BAPSL Office Use Only: Date: _____ Season: _____

Amount Paid: _____

\$800.00 Division I or II Affiliation. Ability to schedule up to 10 BAPSL games

\$10.00 Per player, pass registration.

BAPSL, 26226 Industrial Blvd, Hayward, Ca 94545. (510)731-0302 email:

info@baambassadors.com www.leaguelineup.com/bapsl

Note that teams that are not affiliated with BAPSL CANNOT use BAPSL fields or schedule games or referees through BAPSL.

Last Updated 1/23/2010