Application for Field Use
New Braunfels Little League Fields

Name of Team or Organization:_____
Contact Person_____
Manager or Coach (present at all practices/games)_____
Phone #_____Cell or Work #_____
Mailing Address:_____
_____
Contact Person Email_____

Current Roster:

Name	Birthday	NBLL Reg. (Y/N)

Coaches

_____
_____
_____
_____
_____

Complete this form; attach appropriate documents (insurance & individual waivers) and submit to the NBLL President for approval.

Approval:

_____ _____
NBLL President Date