



Date _____

D62 STAFF REQUEST FOR CONSIDERATION

PLEASE PRINT INFORMATION CLEARLY

NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

e-MAIL _____

CONTACT PHONE NUMBERS HOME () _____

CELL _____ WORK _____

Hat Size _____ Base Shirt Size _____ Plate Shirt Size _____

LEAGUE AFFILIATION (if any): _____

STAFF SPONSORS NAME: _____

(Note: You must have a D62 Staff member sponsor your request)

Sponsors Signature _____ Date _____

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D62 Staff Notes

Completed form is to be turn in to: Bill Graham for consideration