



Post Season Participation Form

Thank you for requesting to participate in the post season. We kindly ask that you provide the following details so our request may be incorporated into the master schedule.

Organization Information

Organization Name:	
Contact Person:	
Contact Phone #:	
Contact Email:	

POST SEASON STATUS

All requests must be submitted by May 1st. In order for your request to be reviewed, all information must be completed in its entirety. We will contact you after receipt and review of your completed request form. Please submit your request to the following: GLOWAcademyNY@gmail.com

Baseball Teams	Team Status	Coach Name	Coach Contact Info
<i>10U Team</i>	YES or NO		
<i>12U Team</i>	YES or NO		
<i>15U Team</i>	YES or NO		
Softball Teams	Team Status	Coach Name	Coach Contact Info
<i>10U Team</i>	YES or NO		
<i>12U Team</i>	YES or NO		
<i>16U Team</i>	YES or NO		

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OFFICE USE ONLY

<input type="checkbox"/> Confirmation	<input type="checkbox"/> Google Docs	<input type="checkbox"/> White Board	Date Received _____
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