



WISCONSIN STATE YOUTH
BASEBALL LEAGUE

WSYBL New Team Application Form

This form is to be used by NEW teams to the WSYBL only. (This includes ALL U9 teams)

This Application is due no later than **December 1st**. The WSYBL Board of Directors will review this application and vote on acceptance before the league meeting in January and you will be notified of the results

Team Name: _____ Age Group: _____

Managers Name: _____

Address: _____

City, Zip: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ Ext: _____

Email Address (only one): _____

If part of a larger organization

Presidents Name: _____ Phone: _____

Presidents Email: _____

Did this team play in a league last year? _____ If So, which one? _____

What place did you take? _____ What was your record? _____

Did you play any **WSYBL** teams last year, if so who, when and what were the scores?

Have you read the WSYBL rules? _____

Do you have a home field? _____

Do **ALL** of your players meet league eligibility rules? _____

Which School District? _____

Submit Application and checks:

Ken Bigler
5339 W Westfield Rd
Mequon, WI 53092-4541

Application must be accompanied by a **\$160** check for League fee and a **\$120** forfeit fee check. Checks should be made out to the "WSYBL".

Both checks will be returned if application is rejected.