



2014-2015 TRBL –TEAM APPLICATION

Applicant Name:

Name:		Phone:	
eMail:		Cell Phone:	
Address:			
City/State:		Zip:	

Proposed Team Details:

Team Name:	
Home Venue City:	
Is this a new team?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
If an existing team, please note prior leagues.	
Please indicate prior minor league experience of team owners, managers:	
For existing teams, please note website:	
Do you have a venue? (“No” indicates you plan to play as a travel team.)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Are your prepared to play 10 games between November 1, 2014 and April 30, 2015?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If no, indicate how many games you would like to play and when you would be willing to play them during the season term.

Scan and email your application to info@trblproball.com. Additional information may be requested after review of the preliminary application. **Note: All teams accepted into the TRBL must sign the “TRBL Pact.”**