U.S. ARMY
SPORTS · FITNESS · AQUATICS

Fort Belvoir Family and MWR

INTRAMURAL SOFTBALL 2024

Unit/Organization: _____

This unit/organization is entering a team in this event and will adhere to the published rules and shedules.

Team Coach Information

First Name: _____ Last Name: _____ Grade: _____

Duty Phone: _____ FAX: _____

E-mail: _____

Player Information

7 - 14 Players

Name (First, Last)	E-mail

Please enter the name of the coach, manager or coordinator that will represent your team at the coaches' meeting on May 8 at 1 p.m. This meeting will be held at Graves Fitness Center (2116 Abbott Road, Bldg. 2116).

Team Representative: _____

_____ _____

Print Name and Grade of Unit Commander Date

_____

Signature of Unit Commander

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