

**NBBA TEAM CONTACT/BILLING FORM
TEAM REGISTRATION
DUE: MARCH 1st**

TEAM NAME: _____

CITY, STATE: _____

YEAR: _____

TEAM CONTACTS (Please list 2):

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (Work) _____

PHONE NUMBER: (Home) _____

E-Mail Address: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (Work) _____

PHONE NUMBER: (Home) _____

E-Mail Address: _____

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Team Registration Fee: \$ 25.00

MAKE CHECKS PAYABLE TO: **NBBA**

SEND THE TEAM REGISTRATION FORM ALONG WITH PAYMENT
(NO LATER THAN MARCH 1st) TO:

NBBA SECRETARY
Stephen Guerra
60 East Avenue
Freeport, NY 11520

If you have questions concerning this form, please E-Mail or call Stephen
at:

E-Mail:

secretary@nbba.org

Phone: (516) 551-2148

NOTE: Remember that your team name **must** be registered with the
NBBA in order to be able to participate in the World Series.