Dawn's Ray of Hope, Inc.

Dusk to Dawn Softball

Team Registration Form
And Roster

TEAM NAME:_____

PLAYER NAME	ADDRESS (mailing and email)	DATE OF BIRTH	GENDER

Please include your check for $750.00 payable to "Dawn's Ray of Hope, Inc." and mail to:
Dawn's Ray of Hope/Dusk to Dawn
P.O. Box 77
Chappaqua, NY 10514

All players must sign a waiver form before being permitted to play.