

THE BROADWAY SHOW LEAGUE

TEAM: _____
(list show, union, or organization name)

Manager: _____
(Please print clearly)

Time Slot : _____ 1st choice (11:30, 1:30, 3:30)
_____ 2nd choice

Reach me at : _____ home
_____ backstage/office
_____ fax
_____ cell/pager
_____ e-mail

Sponsor's web address: _____

***Please put a check next to the number you want called FIRST in the event of a rainout.**

I plan to have _____ players on my team.

I have _____ (have not) _____ managed a team before in the Broadway Show League.

Note to Managers: You must be a cast, crew, FOH, employee of the show you manage. Must be a member or employee of your Union , or an employee of your organization to manage an organization team.