THE BROADWAY SHOW LEAGUE

TEAM:		
(list show, unior	n, or organization name)	
Manager: (Please print cle	early)	
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.