

# Switch Hitters Ball 2024 Team Application

Team Name: \_\_\_\_\_

## Team Contact Information:

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## Name of Artist and Song(s):

\_\_\_\_\_

Length of Song(s): \_\_\_\_\_

*(Song length cannot exceed 4 ½ minutes)*

## Names of Performers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

Please email a copy of your Team Performance Application to the SHB email at [SwitchHitters@GLASAs softball.org](mailto:SwitchHitters@GLASAs softball.org). Team Applications without this page will not be considered valid until this contract sheet is received.