

**Leominster Adult Mixed Softball Association  
2025 Team Request & Alternate Players**

Fill in all information. Make sure to write legibly and clearly.

**Team Name:**

**Division:**

**Primary Night OFF:**

*\*In an attempt to schedule games that accommodate everyone, your team will be allowed to have 1 PRIMARY NIGHT OFF that your team DOES NOT play on **if necessary**. In fairness to all teams you may not request NO 6:15 games. Please if you don't need to have a primary night off do not fill in this section. If you have specific Dates that you can't play you will list those at the bottom.*

*PRIMARY NIGHT OFF IF NEEDED: \_\_\_\_\_*

**ALTERNATE PLAYER INFORMATION:**

ALTERNATE PLAYER NAME

ALTERNATE TEAM NAME

**Any SPECIFIC dates unavailable to play?**