



**FIRST PITCH ENTRY FORM**  
June 29, 2017  
Lincoln Saltdogs vs. Kansas City T-Bones



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- PARENT/GUARDIAN NAME IF APPLICABLE: \_\_\_\_\_
- FIRST PITCH ASSISTANT NAME IF APPLICABLE: \_\_\_\_\_

- ☐ I have read and agree to the first pitch rules for June 29, 2017
- ☐ I do not wish to receive communication from United Cerebral Palsy of Nebraska

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL TO:**  
United Cerebral Palsy of Nebraska  
920 South 107<sup>th</sup> Avenue, Suite 302  
Omaha, NE. 68114

**~OR~**

**FAX TO:**  
402 • 502 • 6791

Questions?  
[ucp@ucpnebraska.org](mailto:ucp@ucpnebraska.org)  
office: 402 • 502 • 3572