



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 107th Avenue, Suite 302
Omaha, NE. 68114

~OR~

FAX TO:
402 • 502 • 6791

Questions?
ucp@ucpnebraska.org
office: 402 • 502 • 3572